

**WCICCC Coordinated Assessment Meeting**  
**Conference Call Number: (309) 298-3861**  
**January 22, 10:30 a.m.**

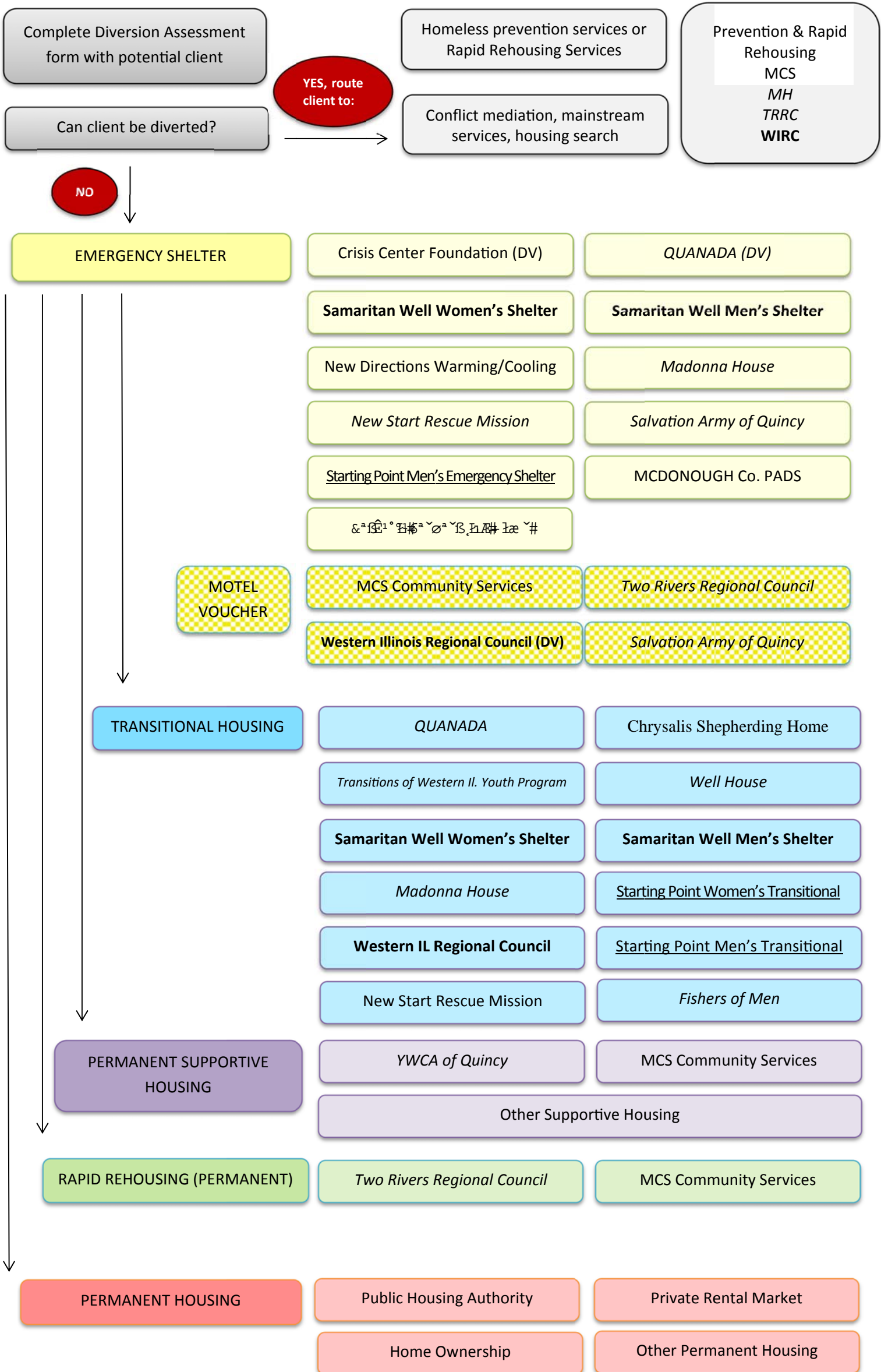
Amanda Davis, Illinois Institute for Rural Affairs/WIU (Macomb)  
Cindy Grawe, Madonna House (Quincy)  
Dona Leonard, Crisis Center Foundation (Jacksonville)  
Derrius Scott, Illinois Institute for Rural Affairs/WIU (Macomb)  
Heidi Welty, Salvation Army (Quincy)  
Lori Sutton, Illinois Institute for Rural Affairs/WIU, Macomb  
Mary Muehlenfeld, YWCA of Quincy  
Myndi Boyd, YWCA of Quincy  
Suzan Nash, Western Illinois Regional Council (Macomb)

**Minutes**

1. Roll Call (Lori Sutton)
2. Welcome (Dona)
3. Establish Planning Committee
4. Identify Target Population
  - a. Individuals vs. Families
    - i. With HMIS, there is the VI-SPDAT that covers individuals. The F-SPDAT is used for families but requires training to use. MCS (Jacksonville) is able to use the VI-SPDAT for individuals. Concern was raised regarding clients moving among CoC agencies; a policy/procedure needs to be developed clarifying when a client receives their initial assessment and when follow-up should occur.
      1. Full SPDAT is more detailed and is updated regularly. VI-SPDAT/F-SPDAT assigns a score based on vulnerability in order to triage clients.
  - b. Slow agency-by-agency roll-out vs. multiple agencies begin coordinated assessment
    - i. Base assessment on service hubs—Salvation Army Quincy and Madonna House, as a controlled trial before rolling out to more agencies.
      1. Salvation Army as central agency: would route clients to Two Rivers Regional Council, Transitions of Western Illinois Youth Program, New Start Rescue Mission, Well House, Fishers of Men
      2. Madonna House: would route clients to programs that serve families/DV: YWCA and Quanada
      3. Ideally, Salvation Army would handle only single individuals/couples without children, and Madonna House would handle families with children, but if clients go to the wrong hub, they should be assisted, rather than sent to the alternate hub.
      4. MCS would route clients to: Crisis Center Foundation and New Directions
5. **Timeframe for implementation: 3 months (about April 28)**
6. Training: Lori will see if Heidi Welty, Cindy Grawe, Jasmine Locke (depending on costs), Tammi Lonergan, Lori Sutton, and Amanda Davis can be trained in the next 6 weeks.
7. Tasks:
  - a. Lori Sutton will contact OrgCode Consulting, Inc to schedule a training
  - b. Heidi Welty will contact non-HUD agencies on their willingness to participate
  - c. Dona Leonard will contact Tammi Lonergan and Vanessa Tyus about Jacksonville participation
8. Next call will follow the CoC meeting on February 12 (conference call/meeting at WIRC [223 S Randolph St. in Macomb])

# West Central Illinois CONTINUUM OF CARE

ORGANIZATION	ADDRESS	PHONE
<b>HOMELESS PREVENTION</b>		
MCS Community Services (MCS)	345 W. State St. Jacksonville, IL 62650	(217) 243-9404
Madonna House (MH)	405 S 12th St Quincy, IL 62301	(217) 224-7771
Two Rivers Regional Council (TRRC)	114 N. Congress St. Rushville, IL 62381	(217) 322-6916
Western Illinois Regional Council (WIRC)	223 S. Randolph St. Macomb, IL 61455	(309) 837-3941
<b>DIVERSION/RAPID REHOUSING</b>		
MCS Community Services	345 W. State St. Jacksonville, IL 62650	(217) 243-9404
Salvation Army of Quincy	732 Hampshire St. Quincy, IL 62301	(217) 222-5762
Two Rivers Regional Council	114 N. Congress St. Rushville, IL 62381	(217) 322-6916
Western Illinois Regional Council	223 S. Randolph St. Macomb, IL 61455	(309) 837-3941
<b>DOMESTIC VIOLENCE SERVICES (DV)</b>		
Crisis Center Foundation	325 9th Ave. Jacksonville, IL 62650	(217) 243-4357
QUANADA	2707 Maine Quincy, IL 62301	(217) 222-0069
Western Illinois Regional Council	223 S. Randolph St. Macomb, IL 61455	(309) 837-3941
<b>YOUTH/YOUNG ADULT (AGE 18-24)</b>		
Chrysalis Shepherding Home	1726 E Co Road 2300 Burnside, IL 62330	(217) 755-4402
Transitions of Western Illinois (Young Adult)	4409 Maine Quincy, IL 62305	(217) 223-0413
Midwest Youth Services	2001 W Lafayette Ave Jacksonville, IL 62650	(217) 245-6000
<b>REGIONAL OFFICES OF EDUCATION</b>		
#1: Adams, Pike Co.	507 Vermont, Quincy, IL 62301	(217) 277-2080
#22: Schuyler, Fulton Co.	257 W. Lincoln Lewistown, IL 61542	(309) 518-8029
#26: Hancock, McDonough Co.	130 S LaFayette, #200 Macomb, IL 61455	(309) 837-4821
#27: Henderson, Warren Co.	105 N. E St, Ste #1 Monmouth, IL 61462	(309) 734-6822
#46: Brown, Cass, Morgan, Scott Co.	110 N. West St Jacksonville, IL 62650	(217) 243-1804
<b>MOTEL VOUCHERS</b>		
MCS Community Services	345 W. State St. Jacksonville, IL 62650	(217) 243-9404
Salvation Army of Quincy	732 Hampshire St. Quincy, IL 62301	(217) 222-5762
Two Rivers Regional Council	114 N. Congress St. Rushville, IL 62381	(217) 322-6916
Western Illinois Regional Council (DV)	223 S. Randolph St. Macomb, IL 61455	(309) 837-3941
<b>EMERGENCY SHELTERS: FAMILIES &amp; INDIVIDUALS</b>		
Salvation Army of Quincy	732 Hampshire St. Quincy, IL 62301	(217) 222-5762
McDonough County PADS	355 W. Main St. Bushnell, IL 61422	(309) 326-3075
<b>EMERGENCY SHELTERS: SINGLE WOMEN &amp; CHILDREN</b>		
Chrysalis Shepherding Home	1726 E Co Road 2300 Burnside, IL 62330	(217) 755-4402
Madonna House	405 S 12th St Quincy, IL 62301	(217) 224-7771
<b>EMERGENCY SHELTERS: SINGLE MEN &amp; WOMEN</b>		
New Directions Warming/Cooling	100 S Fayette St Jacksonville, IL 62650	(217) 271-1014
<b>EMERGENCY SHELTERS: SINGLE MEN</b>		
New Start Rescue Mission	936 N 6th St Quincy, IL 62301	(217) 223-2100
Starting Point	205 S 1st St Monmouth, IL 61462	(309) 734-8991
<b>TRANSITIONAL HOUSING: FAMILIES OR INDIVIDUALS</b>		
MCS Community Services	345 W. State St. Jacksonville, IL 62650	(217) 243-9404
Western Illinois Regional Council	223 S. Randolph St. Macomb, IL 61455	(309) 837-3941
<b>TRANSITIONAL HOUSING: WOMEN &amp; CHILDREN</b>		
Chrysalis Shepherding Home	1726 E Co Road 2300 Burnside, IL 62330	(217) 755-4402
Madonna House	405 S. 12 <sup>th</sup> Quincy, IL 62301	(217) 224-7771
Samaritan Well	1306 Maple Ave Macomb, IL 61455	(309) 837-3357
Western Illinois Regional Council	223 South Randolph Macomb, IL 61455	(309) 837-3941
<b>TRANSITIONAL HOUSING: SINGLE MEN</b>		
Fishers of Men	609 North 6 <sup>th</sup> St Quincy, IL 62301	(217) 222-6860
New Start Rescue Mission	936 N 6th St Quincy, IL 62301	(217) 223-2100
Samaritan Well	1306 Maple Ave Macomb, IL 61455	(309) 837-3357
Starting Point	205 S 1st St Monmouth, IL 61462	(309) 734-8991
Western Illinois Regional Council	223 South Randolph Macomb, IL 61455	(309)837-3941
<b>PERMANENT SUPPORTIVE HOUSING</b>		
MCS Community Services	345 W. State St. Jacksonville, IL 62650	(217) 243-9404
YWCA of Quincy	639 York St. Suite 202 Quincy, IL	(217) 221-9922



## Coordinated Assessment Checklist

This checklist, developed by the Alliance, is meant to help communities conceptualize what issues they should begin considering early on in the coordinated assessment planning process. It also offers a timeline within which these actions might take place, though this timeline will vary by community.

### Phase I: Planning and Preparation (30-60 days)

#### **Establish Planning Committee**

The committee should have 5 to 10 people, including key stakeholders. The planning committee does not necessarily have to do all the work, but it should have input and a lot of influence over the outcome. Key participants include the following:

#### **Identify Target Population**

Will the coordinated assessment process begin by serving everybody who becomes homeless, or will it start with one population (e.g. families with children) and then expand to serve other populations?

#### **Decide on the Structure of Coordinated Assessment**

Evaluate the possibilities, including one centralized location, multiple intake locations (a decentralized model), and a “no wrong door” approach (where any agency can conduct the evaluation and make a referral). Decide whether assessments will be done in person, by phone, or both. Decide whether and how the assessment process will be integrated with 2-1-1 or other call centers.

#### **Integrate Prevention and Shelter Diversion**

Identify prevention and diversion resources that should be available at the coordinated assessment center(s).

#### **Map out the Existing Assessment and Intake Process**

Create a map of the existing assessment, intake, and referral process and how people move through the system within it. What are the flaws with this process and how can they be

addressed with a more coordinated approach? What are the good aspects that should be included in the new model?

**Sketch out a Preliminary Needs Assessment/Screening Tool**

Identify questions to be asked and begin mapping how referrals will work. This should be very basic and will be modified as the process moves forward.

**Phase II: Implementation (4-6 months)**

**Identify the Organization(s) That Will Host Coordinated Assessment**

Which organizations have the space, staff capacity, and availability to host the intake, if any? Will there need to be multiple organizations or just one? What changes need to be made to enable the organization to take on multiple responsibilities? Communities may have different organizations for each different subpopulation (families, unaccompanied youth, etc.).

**Identify Additional Staffing and Resource Needs**

Think about what staff you will use at the coordinated assessment points and how many you will need based on anticipated intake volume. Trained case managers will be crucial to the success of the assessment process. Technological needs, including computers and the necessary data management programs, access to information on community resources, etc. will all be necessary.

**Obtain Resources**

Obtain the resources needed by either pulling them from elsewhere in the community (e.g., having providers agree to “share” case management staff with the coordinated entry points) or hiring new staff.

**Identify Data and HMIS Needs**

Make sure the current HMIS system can collect and report out on the outcomes relevant to coordinated assessment. Create capacity to identify bed availability in real time.

**Train People on the Data and HMIS Procedures Involved in Coordinated Assessment Process**

Staff should be trained on when to start entering data, what data must be entered, and how to share data with referral organizations.

**☐ Begin Changing Contract Language to Ensure That as Many Partners as Possible Are Participating in the Coordinated Assessment Process**

The community should offer strong incentives to providers to participate in coordinated assessment, including tying receipt of funds to participation. This could be accomplished through the advent of a performance-based contracting process.

**☐ Create a Plan for How the Coordinated Assessment Will Be “Switched On”**

A firm plan should be established that includes dates, times, and contingency plans in case anything should go wrong.

**☐ Finalize the Version of the Screening/Assessment Tool That Will Be Used When the Coordinated Intake Goes Into Effect**

Make sure that intake staff is familiar with the assessment tool and how to make referrals based on the information within it before the new coordinated assessment process goes into effect.

**☐ Create a Specific Referral Process**

What constitutes a referral? How does the referral get made? When must an organization accept a referral? When can it be denied, and what happens when referrals are denied?

**☐ Identify a Process for Evaluating and Making Adjustments to the Coordinated Assessment Process**

This may involve having a version of the planning committee that continues to oversee the coordinated assessment process. How often will evaluation meetings occur? How will changes to the intake process be decided upon? What are the key outcome measures?

**☐ Create a Communications Plan**

Key partners in the community, including mainstream service partners, government officials, consumers, and the general public will need to be notified about how the new coordinated assessment works. Social media, brochures, and informational meetings are just some of the avenues communities could use to make this happen.

**Phase 3: Flip the Switch: Begin Utilizing the Coordinated Assessment System (ongoing)**

□ **Evaluate Coordinated Assessment**

Evaluate the new process on the following metrics:

- Are there long waiting lists, if so what adjustments need to be made in the referral process?
- Is the evaluation tool working? Are there questions that should be eliminated or different questions that should be asked?

The community should also use the tools in this toolkit when evaluating their success:

**Coordinated Assessment Questionnaire**  
**Coordinated Assessment Evaluation Tool**

Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

Prescreen for Families

**GENERAL INFORMATION/CONSENT**

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
<b>HEAD OF HOUSEHOLD 1</b>			
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>HEAD OF HOUSEHOLD 2 (when applicable)</b>			
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If either head of household is 60 years or older, then score 1.			Prescreen Score





## Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

### Prescreen for Families

<b>CHILDREN</b>			
Total number of children under the age of 18 that are currently with the head(s) of household		<b>RESPONSE</b>	<b>REFUSED</b> <input type="checkbox"/>
How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?		<b>RESPONSE</b>	<b>REFUSED</b> <input type="checkbox"/>
Last Name	First Name	How old?	Date of Birth
<b>Only ask the following question when there is at least one female head of household, and/or if there is at least one female child 13 years of age or older:</b>		<b>YES</b>	<b>NO</b>
Is any member of the family currently pregnant?		<input type="checkbox"/>	<input type="checkbox"/>
Single Parent Family: If there are two or more children, or any child 11 years of age or younger, and/or it is a female single parent that is pregnant, score 1.		<b>Prescreen Score</b>	
Two Parent Family: If there are three or more children, or any child 6 years of age or younger, and/or there is a female head of household that is pregnant, score 1.			
<b>PRE-SCREEN GENERAL &amp; FAMILY SIZE INFORMATION SUBTOTAL</b>			

### A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If at least one head of household AND at least one child has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	<b>RESPONSE</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
1. What is the total length of time you and your family have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you and your family been housed and then homeless again?		<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			



## Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

### Prescreen for Families

### B. RISKS

**SCRIPT:** I am going to ask some questions about all the times you and other members of your family have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you and/or members of your family been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you and/or members of your family had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you or any family member been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you or any member of the family have any legal stuff going on right now that may result in being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you or any member of the family to do things that they do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Do you or any family member 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 really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
**Prescreen for Families**

**C. SOCIALIZATION & DAILY FUNCTIONS**

QUESTIONS				
<b>If YES to question 14 or NO to questions 15 or 16, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
14. Is there anybody that thinks you or any family member owes them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Does the family have any money coming in on a regular basis, like through a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does your family have enough money to meet all expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If NO to question 17, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
17. Do you and each member of the family have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to questions 18 or 19, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
18. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVE ONLY. DO NOT ASK! If YES, score 1.</b>	<b>YES</b>	<b>NO</b>		<b>Prescreen Score</b>
20. Surveyor, do you detect signs of poor hygiene or daily living skills of any family member?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
**Prescreen for Families**

**D. WELLNESS**

QUESTIONS				
<b>If Does Not Go For Care, score 1.</b>		<b>RESPONSE</b>		<b>Prescreen Score</b>
21. Where do you and other family members usually go for healthcare when you're not feeling well?		<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care		
<b>For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.</b>				
<b>Do you or any family member have now, ever had, or had a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
**Prescreen for Families**

If any response is YES in questions 35 through 42, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you or any family member consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you or any family member ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you or any family member ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you or any family member used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
40. Have you or any family member blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 42. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 43 through 49, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
43. Have you or any family member ever been taken to a hospital against their will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Have you or any family member ever gone to the emergency room because they weren't feeling 100% well emotionally or because of their nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Have your or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of mental health – whether that was voluntary or because someone insisted that it be done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Have your or any member of your family had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Have you or any member of your family ever been told they have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
48. Do you or any member of your family have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 49. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<b><i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X – AND IT IS ALL RELATED TO THE SAME FAMILY MEMBER, then score 1 additional point for tri-morbidity.</i></b>				Tri-Morbidity Prescreen Score
<b>ASK THIS QUESTION ONLY WHEN THERE WAS 1 in Substance Use AND 1 in Mental Health, and at least 1 in the Medical Conditions OR an X.</b> 50. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance use. Is that the same member of the family in all of those instances?				



**Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)**  
**Prescreen for Families**

<b>If YES to question 51, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
51. Have you or any member of the family had any medicines prescribed by a doctor that were not take, sold, stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to question 52, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
52. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

**E. FAMILY UNIT**

QUESTIONS				
<b>If YES to question 53 or 54, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
53. Do any of your children spend two or more hours per day when you don't know where they are?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
54. On most days, do any children do tasks that adults would normally do like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If either 55 or 56 are 3 or more, score 1.</b>	<b>RESPONSE</b>		<b>REFUSED</b>	<b>Prescreen Score</b>
55. What is the total number of times adults in the family have changed in the family over the past year because of things like new relationships or a breakdown in the relationship, prison, military deployment, or anything like that?			<input type="checkbox"/>	
56. What is the total number of times that children have been separated from the family or returned to the family over the past year?				
<b>If YES to either 57 or 58, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
57. Are there any school-aged children that are not enrolled in school or missing more days of school than they are attending?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
58. Right now or at any point in the last six months have any of your children been separated from you to live with a family member or friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to either question 59 or 60, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
59. Has there been any involvement with any member of your family and child protective services in the last six months – even if it was resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60. Have you had anything in family court over the past six months or anything currently being considered in family court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN FAMILY UNIT SUBTOTAL</b>				



## Vulnerability Index & Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

### Prescreen for Families

### SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		<p><b>If the Pre-Screen Total is equal to or greater than 12, the family is recommended for a Permanent Supportive Housing/Housing First Assessment.</b></p> <p><b>If the Pre-Screen Total is 6, 7, 8, 9, 10, or 11 the family is recommended for a Rapid Re-Housing Assessment.</b></p> <p><b>If the Pre-Screen Total is 0, 1, 2, 3, 4 or 5, the family is not recommended for a Housing and Support Assessment at this time.</b></p>
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
E. FAMILY UNIT		
<b>PRE-SCREEN TOTAL</b>		

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

Have you or any family member ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<i>If yes, which war/war era?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Refused	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused	
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused	
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____	
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Do you or any member of the family have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____	
On a regular day, where is it easiest to find you and what time of day is easiest to do so?		
Is there a phone number and/or email where someone can get in touch with you or leave you a message?		
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

**GENERAL INFORMATION/CONSENT**

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
<b>PRE-SCREEN GENERAL INFORMATION SUBTOTAL</b>			

**A. HISTORY OF HOUSING & HOMELESSNESS**

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
<b>PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL</b>			





## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Single Adults

### B. RISKS

**SCRIPT:** I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	<b>RESPONSE</b>		<b>REFUSED</b>	<b>Prescreen Score</b>
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. 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 really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
<b>PRE-SCREEN RISKS SUBTOTAL</b>				



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

**C. SOCIALIZATION & DAILY FUNCTIONS**

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>PRE-SCREEN SOCIALIZATION &amp; DAILY FUNCTIONS SUBTOTAL</b>				



**Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)**  
**Prescreen for Single Adults**

**D. WELLNESS**

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
<b>For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.</b>				
<b>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Medical Conditions</b>
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Other Medical Conditions</b>
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b>	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>If any response is YES in questions 35 through 41, score 1 in the Substance Use column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Substance Use</b>
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Single Adults

40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Mental Health</b>
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OBSERVATION ONLY – DO NOT ASK:</b> 48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
<b>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.</b>				<b>Tri-Morbidity</b>
<b>If YES to question 49, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>If YES to question 50, score 1.</b>	<b>YES</b>	<b>NO</b>	<b>REFUSED</b>	<b>Prescreen Score</b>
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PRE-SCREEN WELLNESS SUBTOTAL</b>				

### SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
<b>PRE-SCREEN TOTAL</b>		<p style="color: red; font-weight: bold;">If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p style="color: red; font-weight: bold;">If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p style="color: red; font-weight: bold;">If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>



## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Single Adults

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

What is your gender?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other <input type="checkbox"/> Decline to State
Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, which war/war era did you serve in?</i>	<input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Refused
<i>If yes, what was the character of your discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Refused
What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Legal Resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Refused
Where did you live prior to becoming homeless?	<input type="checkbox"/> This city <input type="checkbox"/> This region <input type="checkbox"/> Other part of the State <input type="checkbox"/> Somewhere else (specify) _____
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in jail?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Have you ever been in prison?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do you have a permanent physical disability that limits your mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (specify): _____
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	
Ok, now I'd like to take your picture. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

