

## Central Oregon (OR-503) Coordinated Entry System

### Youth Assessment Opening Script

My name is \_\_\_\_\_ and I work for an organization called \_\_\_\_\_.

I have a 35-40 minute survey that I would like to complete with you. The answers will help us determine how we can support you and help you access housing. Our community asks everyone the same questions in order to triage someone's level of need, prioritize resources, and match them to the right housing program. Most of the questions only require a Yes or a No answer. I'll be honest, some questions are personal in nature, but know you can skip or refuse any question.

The information collected goes into our local Homeless Management Information System. Your information is visible to a limited number of social service providers in partnering counties and is shared in order to avoid creating duplicate client records. Authorized HMIS persons at participating community agencies will be able to see the following data elements of all client records:

First Name, Last Name, Veteran Status, Gender, Date of Birth, and Social Security Number and the information is protected using the highest standards.

Law enforcement and DHS have no access to this system. Allowing your information to be shared allows us to better serve you and once it is there, other providers in the community will not make you complete this survey multiple times.

If you don't understand a question, please let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will do my best to explain it to you without you needing to ask for clarification.

One last thing we should chat about. Some people will tell me what they want me to hear rather than telling me the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible that you may not become housed through this process at this time. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources you might be eligible for.

Do you have any questions before we get started?

## Central Oregon (OR-503)

### Coordinated Entry System Youth Assessment

Please complete in addition to the TAY-SPDAT

Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Client Demographics

Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Race : \_\_\_\_\_ Secondary Race: \_\_\_\_\_

Ethnicity (Select):  Hispanic/Latin(a)(o)(x)  Non-Hispanic/ Non- Latin(a)(o)(x)  
 Client doesn't know  Client Refused

Gender (select all that apply):  Male  Female  Transgender  Questioning  
 Don't Know  Refused  A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)

#### Coordinated Entry Assessment:

Assessment Location:  Phone/Main call-in line  Outreach (Non-Youth)  Walk-in/ Service Provider  
 Online fillable form  Text-in  Youth Outreach

Assessment Level:  Housing Needs Assessment  Crisis Needs Assessment

Prioritization Status:  Placed on Prioritization List  Not Placed on Prioritization List

Current Living Situation:  Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter  Safe Haven  
 Other (please Specify): \_\_\_\_\_

Is client going to have to leave their current living situation within 14 days?

#### If 'Yes' answer the following questions:

Has a subsequent residence been identified?

Does individual or family have resources or support networks to obtain other permanent housing?

Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?

Has the client moved 2 or more times in the last 60 days?

Location details:

#### Client Contact Info:

Alternative name or alias: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Best method of contact? Phone | Email | In-Person

Client Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is it safe to text this number?

Is it safe to leave a voicemail?

Client Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relation to Emergency Contact \_\_\_\_\_

Are you currently working with any Community Agencies/Partners/Case Workers?

Agency/Community Partner/Case Worker \_\_\_\_\_

Can we contact this agency/community partner/ case worker?

When and where can client be found at: \_\_\_\_\_

How long have you lived in Central Oregon? \_\_\_\_\_

Domestic violence victim/survivor?

If yes for Domestic violence victim/survivor, when experience occurred? \_\_\_\_\_

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

**Client Location: OR-503 Central Oregon CoC**

Current County of Residence: \_\_\_\_\_ City: \_\_\_\_\_

Relationship to Head of Household:

# of Children in Household: \_\_\_\_\_

Household Size:

What is the household type?

Is there a veteran in the household?

**Veteran Information:**

Year entered military service: \_\_\_/\_\_\_/\_\_\_ Year separated from military service: \_\_\_/\_\_\_/\_\_\_

World War II? Korean War? Vietnam War? Persian Gulf War? Afghanistan?

Iraq Freedom? Iraq Dawn? Other Peace-keeping Operations or Military Interventions?

Branch of the Military: \_\_\_\_\_

Discharge Status?

If you have served in the military, have you served at least one day of federal active duty (title 10)?

If veteran- does client have copy of DD214? (COVO can assist with requesting a copy from the VA)

Are you connected to VA Services?

**Prior Living Situation:** Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter Safe Haven

Other (Please Specify):

Length of stay in Prior Location:

Approximate start date of this episode of homelessness:

Total # of Episodes of homelessness in the last 3 years:

Total number of months homeless on the street, in ES or SH in the past three years?

**Disability Information:**

Does the client have a disabling condition?

Disability Type: (check any that apply):    Physical    Alcohol Use Disorder    Drug Use Disorder  
Both Alcohol and Drug Use Disorder    HIV/AIDS    Chronic Health Condition    Mental Health Disorder  
Developmental

Above condition is going to be long term?

If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

**Health Insurance?**

Insurance Type:

Other: \_\_\_\_\_

**Income from any source?**

Income Type:

Other source: \_\_\_\_\_

Type 1: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Type 1: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

Are you currently doing anything to increase your income? Employment | SSI/SSDI | TANF | Other

Please describe: \_\_\_\_\_

**Barrier Information:**

Number of evictions: \_\_\_\_\_

Poor reference from prior landlords:

Lack of Rental History?

Unpaid rent or utility bills?

Lack of - or - poor credit history?

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult in household)?

**Housing Project Selection:**

There are some housing options that require you to be sober. Would you be interested in anything like that?

Would you be interested in a Rapid Re-Housing Program? RRHP is a one year, rental assistance program designed for housing people experiencing homelessness. Rapid Re-Housing aims for the client to sustain their housing after the 1 yr of assistance.

There are some housing options that are shared, like with a roommate. Would you be interest in anything like that?

If there were shelter options in hotel/motel like rooms, would that be of interest to you?

**Is the client medically vulnerable?**

**1st Priority:** The client (or member of client's household) needs end-of-life care;

**2nd Priority:** The client (or member of client's household) lacks housing or shelter will delay life-saving procedures;

**3rd Priority:** The client's (or member of client's household) lack of housing or shelter will delay procedures, where the lack of procedure could result in life altering disabling conditions or death;

**4th Priority:** The client (or member of client's household) is receiving palliative care for a terminal illness.

**5th Priority:** Chronic physical condition which results in prolonged dependency on medical care and 1) requires frequent medical care and in the absence of would require hospitalization, 2) requires frequent medically necessary specialized treatments, and/or 3) is dependent on medical technology.

**Document Readiness:**

Do you currently have an ID?

Do you currently have an official copy of your birth certificate?

Do you have access to an official copy of your Social Security Card?

If you have a disability, do you have documents that verify your disability?

Do you currently have access to income verification documents?

Do you have a mailing address?

**Case Conference Notes:** Please explain if score does not reflect vulnerability (high risk factors, medical vulnerability, long periods of homelessness) any referrals given, ect.

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**Assessor Contact Information:**

Assessor Name: \_\_\_\_\_ Assessor Agency: \_\_\_\_\_

Assessor Contact Information: \_\_\_\_\_

**Transition Age Youth -  
Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(TAY-VI-SPDAT)**

**“Next Step Tool for Homeless Youth”**

**AMERICAN VERSION 1.0**

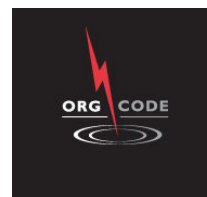
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Eric Rice, PhD

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## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___ : __ AM/PM	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

**SCORE:**

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters                       **Couch surfing**                       **Other (specify):**  
 Transitional Housing     **Outdoors**  
 Safe Haven                       **Refused**

**IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.** **SCORE:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused

3. In the last three years, how many times have you been homeless? \_\_\_\_\_  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.** **SCORE:**

## B. Risks

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

- a) Received health care at an emergency department/room? \_\_\_\_\_  Refused
- b) Taken an ambulance to the hospital? \_\_\_\_\_  Refused
- c) Been hospitalized as an inpatient? \_\_\_\_\_  Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? \_\_\_\_\_  Refused
- f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  **Y**  N  Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.** **SCORE:**



7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?  **Y**  N  Refused
8. Were you ever incarcerated when younger than age 18?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.** **SCORE:**

9. Does anybody force or trick you to do things that you do not want to do?  **Y**  N  Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.** **SCORE:**

### C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  **Y**  N  Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  Y  **N**  Refused

**IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  Y  **N**  Refused

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.** **SCORE:**

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?  Y  **N**  Refused

**IF "NO," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home?  **Y**  N  Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  **Y**  N  Refused
- c) Because your family or friends caused you to become homeless?  **Y**  N  Refused
- d) Because of conflicts around gender identity or sexual orientation?  **Y**  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.

**SCORE:**

- e) Because of violence at home between family members?  **Y**  N  Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  **Y**  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**.

**SCORE:**

## D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  **Y**  N  Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  **Y**  N  Refused
- 18. 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?  **Y**  N  Refused
- 19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  **Y**  N  Refused
- 20. When you are sick or not feeling well, do you avoid getting medical help?  **Y**  N  Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  **Y**  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

**SCORE:**

**NEXT STEP TOOL FOR HOMELESS YOUTH**

SINGLE YOUTH

AMERICAN VERSION 1.0

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?  **Y**  N  Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  **Y**  N  Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

**SCORE:**

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

- a) A mental health issue or concern?  **Y**  N  Refused
- b) A past head injury?  **Y**  N  Refused
- c) A learning disability, developmental disability, or other impairment?  **Y**  N  Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

**SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**

**SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  N  Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.**

**SCORE:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Coordinated Entry Assessor Closing Script and Next Steps

We just completed the VI-SPDAT assessment, which is one helpful step you can take to look for permanent housing through the Coordinated Entry system - here's what is next in the process:

1. Stay in touch! It is really important that you keep in touch with your providers and the places that you get services (shelters, drop-in centers, outreach workers, etc.). Staying engaged in services will help us know how to contact you, how you are doing, and what other ways we can support you. Our Coordinated Entry System is prioritized by need, meaning it is not a first come first serve waitlist and the list is always changing. Staying in engaged with providers means you will continue to receive services you need and opportunities available that are outside of the Coordinated Entry System.

2. Keep your contact info up to date! Let a service provider know if your contact information changes or if you start hanging out in a new place. It is important to have your best contact information in the Coordinated Entry system so we can contact you easily if we have an update on a housing opportunity for you.

3. Get your essential documents! Having all your important documents will help you be ready for any housing opportunities that become available. We can help you in getting the following documents:

- a. photo ID
- b. Social Security Card
- c. Birth Certificate
- d. Proof of income (if applicable)
- e. Disability verification (if applicable)
- f. Veteran documents (if applicable)

4. Explore housing options and other resources outside of Coordinated Entry. There are very limited housing resources within the Coordinated Entry System compared to all the people who need housing assistance – only 15-25% of individuals assessed have been matched to a permanent housing resource. Coordinated Entry is not the only housing option in Central Oregon. For example, the waitlist does not include Section 8, public housing, or low-income housing. It is highly encouraged that you continue to keep searching for other housing options while you are on the Central Wait List.

5. Let us know if there is a major change in your life circumstances. Since the VI-SPDAT assessment just looks at what's going on in your life right now and major things can sometimes change, let us know if there is a major change (like a new, serious medical diagnosis), so that we can update your VI-SPDAT information. Your information will stay valid for 6 months and after 6 months, you are eligible to be reassessed.