

CES Assessment: Greater MN Step 2: VI-SPDAT + Eligibility Supplement

ASSESSOR INFORMATION – Step 2

Date of Assessment: ____ / ____ / ____

Assessor's Name: _____ **Assessor's Organization:** _____

Assessor's Title: _____ **Assessor's Phone:** () _____ - _____

Assessor's Email: _____ **End Date:** ____ / ____ / ____

SECTION 1: Client & Household Information

It is the responsibility of the agency with the first signed ROI to enter the date signed below. Do not override.

Name: _____ **Date of Assessment:** ____ / ____ / ____

Date of ROI Consent: ____ / ____ / ____ **Shared:** Yes No

Relationship to Head of Household: Self HoH's Child HoH's Spouse/Partner HoH's Other Relation Member
 Other: Non-relation member Data not collected

Gender: Female Male Transgender (male to female) Transgender (female to male) Doesn't Identify DK R NC

Date of Birth: ____ / ____ / ____

Race 1: American Indian/Alaska Native Asian Black/African American Pacific Islander White DK R NC

Race 2: American Indian/Alaska Native Asian Black/African American Pacific Islander White DK R NC

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino

Household Type: Family Single Youth-Family Youth-Single

Household Size: Total # of Persons: ____ # Adults: ____ # Children: ____

SECTION 2: Eligibility

Please provide a list of previous living experiences in the sub-assessment below to help determine an appropriate placement

Move-In Date	Move-Out Date	Residence Type	State	City (MN Only)	County (MN Only)

Assessing MN Long Term Homelessness

Extent of Homelessness by Minnesota's Definition:

- Not currently homeless
- 1st time homeless & less than 1 year without home
- Multiple times homeless, but NOT meeting LTH definition

- Long term: at least 1 year continuously homeless OR at least 4 times in past 3 years

Please look back to the date of the last time the client had a place to sleep that was not on the streets, in ES, in SH, doubled up/couch hopping, or staying somewhere that is considered a neutral event (e.g. TH) and enter that date below:

Approximate date homelessness started (MN): _____

Total number of months homeless on the street, in ES, in SH, or doubled up/couch hopping in the past three years.

Note, please do not factor months in staying somewhere that is considered a neutral event. (e.g. TH). _____ Months

Leave any of these? (0-3 months ago)

- No
- Foster home (youth only)
- County Jail or Workhouse
- Mental Health Treatment Facility or Hospital
- Combined MI/CD treatment facility
- Halfway House
- DK R NC
- Adoptive home (from foster care system)
- Juvenile Detention Center
- State or Federal Prison
- Drug or Alcohol treatment facility
- Group home
- Residence for people with physical disabilities

Assessing Chronic Homelessness (HUD)

Note, HUD does not factor in doubled up/couch hopping episodes when assessing chronic homelessness. If you are asked to complete Approximate Date Homelessness Started below, have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH and enter that date.

Residence prior to entry:

HOMELESS SITUATION

- Place not meant for habitation
- Emergency shelter (hotel/motel paid for with emergency shelter voucher)
- Safe Haven
- Interim Housing

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison, or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

TRANSITIONAL & PERM. HSG SITUATION

- Hotel/Motel paid for without emergency shelter voucher
- Owned by client, no ongoing hsg subsidy
- Owned by client, with ongoing hsg subsidy
- Permanent hsg for formerly homeless persons
- Rental by client, no ongoing hsg subsidy
- Rental by client, with VASH subsidy
- Rental by client, with GPD TIP subsidy
- Rental by client, with other ongoing hsg subsidy
- Residential project or halfway house with no homeless criteria
- Staying/living with family member
- Staying/living with friend
- Transitional hsg for homeless persons

- DK R NC

Length of Stay in Previous Place:

- One night or less Two to six nights
- One month or more, but less than 90 days
- One year or longer
- One week or more, but less than one month
- 90 days or more, but less than one year
- DK R NC

Did you serve on Active Duty, or in the National Guard or Reserves?

- No Yes, Active Duty (regardless of Guard & Reserve answers) Yes, National Guard
- Yes, Reserves Both Guard and Reserves
- DK R NC

If yes, what kind of discharge do you have?

- Honorable or under honorable conditions Other than honorable but not dishonorable
- Dishonorable DK R NC

Are you Native American? Yes No

If yes, which tribe are you affiliated? Lower Sioux Indian Community in MN Mdewakanton Sioux Indians MN Chippewa Tribe Prairie Island Indian Community in MN Red Lake Band Shakopee Mdewakanton Sioux Community of MN Upper Sioux Community Other: _____

Does client have disability of long duration? Yes No DK R NC

If yes, have you been told by a medical professional that you have a severe mental illness?

- Yes No DK R

If yes, is the disability documented?

- Yes No

What accommodations do you require for housing due to health/disability? _____

Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? Yes No

Living Situation:

How many times have you (your family) move in the past year?

- 0 1 2 3 4 5 6 7 8 9 10 or more

Client location:

- MN-500 Hennepin MN-501 Ramsey MN-502 Southeast MN-503 SMAC MN-504 Northeast
- MN-505 Central** MN-506 Northwest MN-508 West Central MN-509 St. Louis
- MN-511 Southwest

County of primary residence? _____

SECTION 3: Client Choice

Are you willing to live anywhere in the state? Yes No

West Central ONLY: Are you willing to live in North Dakota? Yes No

Please list the CoC's where you are willing to live:

- MN-500 Hennepin MN-501 Ramsey MN-502 Southeast MN-503 SMAC
- MN-504 Northeast MN-505 Central MN-506 Northwest MN-508 West Central
- MN-509 St. Louis MN-511 Southwest

(Counties) Client choice 1: _____ Client choice 2: _____ Client choice 3: _____

If you are not currently living in the city/county you want to live in, do you have any connections to the area?

- Yes-employment Yes-family No Other: _____

Please explain any connections: _____

Housing Preferences:

- Need or preference? Need Preference
- Desire to live in culturally/population specific hsg (HIV/AIDS, LGBY Youth, Tribal, etc.)
 - Hsg that would support your desire to reduce chemical usage
 - Need to access public transportation
 - Scattered Site School Enrollment
 - Front desk that monitors visitors
 - Willingness to live in shared housing
 - Sober Hsg/Treatment Based
 - Mobility/Access
 - Fixed Site
 - GRH
 - Safety
 - Other: _____

SECTION 4: Contact Information

Phone number where you can be reached or where a message can be sent: () _____ - _____

Email where you can be reached or where a message can be sent: _____

Alt Contact #1 Name: _____ **Relationship:** _____

Phone: () _____ - _____ **Email:** _____

Alt Contact #2 Name: _____ **Relationship:** _____

Phone: () _____ - _____ **Email:** _____

Please list all providers/case managers who client is currently involved with:

- Provider type: County Financial Worker
 County Mental Health
 County Social Services
 Veterans Services
 Vocational Services
 Other: _____

County: _____

Agency Name: _____

Worker Name: _____

Worker Email: _____

Worker Phone: _____

Worker Notes: _____

SECTION 5: VI-SPDAT

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable, you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

VI-SPDAT Type:

- VI-SPDAT for Individuals v2.0
 - Youth VI-SPDAT Tay v1.0
 - Family-VI-SPDAT v2.0
- Central CoC Housing Receipt provided**

Notes: _____

