

Client ID: \_\_\_\_\_

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

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

# HMIS Triage Assessment

## Identification – All fields required unless otherwise noted

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Social Security Number (SSN)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Birth Date (DOB)

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Triage Assessment

Assessment Location?

Stanislaus Community System of Care

Assessment Type?

Phone  Virtual  In Person

Information Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Triage Assessment Collection Point

Entry  Update  Exit

## Current Living Situation

### 1. Living Situation

#### Literally Homeless

- Place not meant for habitation:
  - Car/ Truck/Van
  - RV
  - Other
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher or Host Home shelter
- Safe Haven

*\*If selection made, continue to Contact Service*

#### Institutional Situations

- 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

*\*If selection made, continue to question 2*

#### Temporary Housing

- Transitional Housing for homeless persons (including homeless youth)
- Residential project or halfway house with now homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment, or house

*\*If selection made, continue to question 2*

#### Permanent Housing

- Rental by client, with no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Subsidy Type:**
  - GPD TIP housing subsidy
  - VASH housing subsidy
  - RRH or equivalent subsidy
  - HCV voucher (tenant or project based) (not dedicated)
  - Public Housing Unit
  - Rental by client, with other ongoing housing subsidy
  - Emergency Housing Voucher
  - Family Unification Program Voucher (FUP)
  - Foster Youth to Independence Initiative (FYI)
  - Permanent Supportive Housing
  - Other permanent housing dedicated for formerly homeless persons
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing subsidy

*\*If selection made, continue to question 2*

Other: \_\_\_\_\_  Client doesn't know  Client prefers not to answer

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

Yes (Continue to questions 3-6)  No (Continue to Contact Service)  Client doesn't know  Client prefers not to answer

<b>3. Has a subsequent residence been identified?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>4. Does client or family have resources or support networks to obtain other permanent housing?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>5. Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>6. Has the client moved 2 or more times in the last 60 days?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>Contact Service Information</b>	
<b>Contact Service:</b> <input type="checkbox"/> Case Management	<b>Geolocation:</b> <input type="checkbox"/> (Reminder to check box in HMIS)
<b>Additional Questions</b>	
<b>1a. Is there violence or conflict in the place you were staying last night?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>1b. Is your health or safety at risk in the place you were staying last night?</b>	
<input type="checkbox"/> Yes ( <i>continue to 1c</i> ) <input type="checkbox"/> No ( <i>Prioritization Status</i> ) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>1c. Do you have another place to go?</b>	
<input type="checkbox"/> Yes ( <i>continue to 1d</i> )	
<input type="checkbox"/> No, Special Intervention likely needed. If DV may not be able to HMIS ( <i>comment</i> ): _____	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer	
<b>1d. How long could you potentially stay?</b>	
<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Prioritization Status:</b>	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list