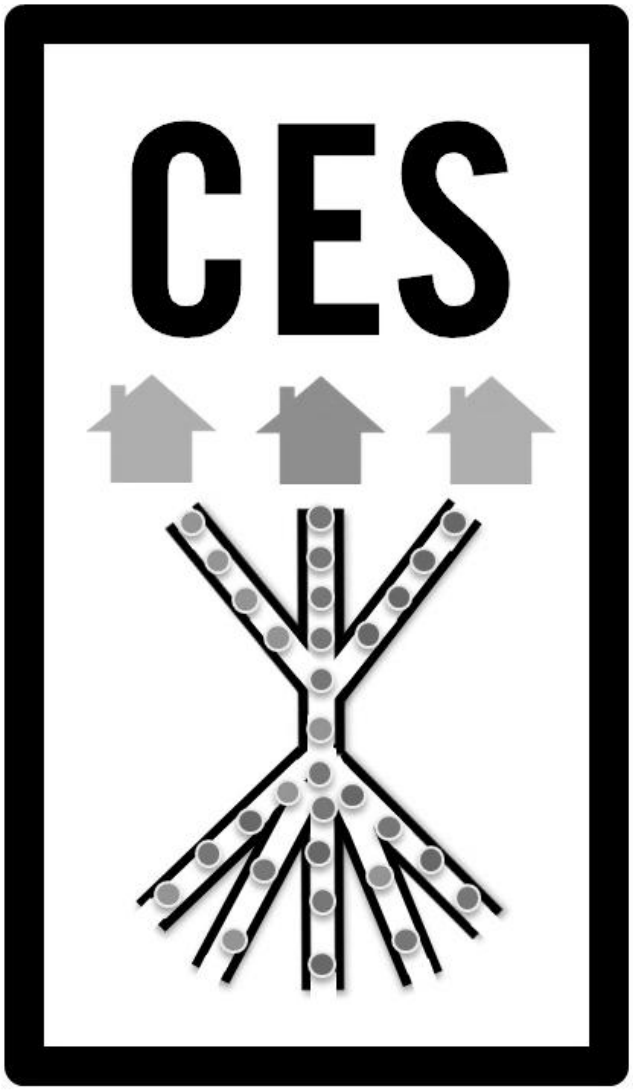


Greater Los Angeles Coordinated Entry System For Individuals

Survey Packet

2026

CES Survey: Introduction

Thank you for taking time to know the name and needs of our homeless neighbors. The 20-30 minutes you will spend are invaluable to helping us understand the unique needs of the respondent and also the broader region in which he/she resides. Your engagement of the respondent and effective application of the following survey is a critical first step to ending homelessness in Greater Los Angeles. Thank you!

CONTENTS

1. **Instructions (for Surveyor):** Brief guidelines for best application of this survey - further instructions are available at www.lahsa.org/hmis, under Provider Tools: Document Library and Video Library, and on the CES Website at ceslosangeles.weebly.com (Forms & Resources)
2. **Checklist:** A list of the steps involved in making the respondent eligible for referrals through CES.
3. **Instructions (for Respondent):** A script of instructions to be read aloud to the respondent.
4. **Part 1 (VI-SPDAT v3)**
   Part 1 of the CES Survey features the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT v3). The VI-SPDAT is a triage tool designed to recommend the best type of permanent housing solution for someone experiencing homelessness. It is a holistic survey developed by OrgCode Consulting and Community Solutions and is written in a manner designed to be understood more easily by respondents. Part 1 of the survey also includes a set of basic intake and eligibility questions to help begin identifying resources and supports that the respondent may qualify for immediately.
5. **Supplemental: VA**
   The VA release of information should be filled out for any client that identifies as a US veteran. While typically the VA supplemental assessment is completed by VA staff, this can also be completed by the surveyor.. It does not have to be filled out exclusively by VA staff.
6. **Contact Sheet:** A sheet with follow-up contacts that you may wish to provide the respondent upon request.
7. **Additional Consents (*If Provided):** Additional authorization, release and consent forms may be provided by your agency or coordinator to allow for seamless coordination with other supports or resources.

CES Survey: Introduction

INSTRUCTIONS FOR THE SURVEYOR **Please do not read aloud**

- **FOLLOW A MODEL OF PROGRESSIVE ENGAGEMENT.**
  The various sections of the survey (Part 1 and Supplemental sections) may be completed at one time or over various engagements, based on the comfort and preference of the respondent. Allow respondents to go at a pace that is comfortable for them. This may mean doing multiple sections, one section, or even just portion of a section.
- **REFERRALS AND NEXT STEPS.**
  Initial eligibility questions for specific resources are located throughout the survey. Next steps are listed for these questions in the body of survey as well as in the office only section. Complete the next step (either a supplemental assessment or a referral) based on the comfortability and preference of the respondent.
- **RESERVE JUDGEMENT.**
  Regardless of the outcome of the survey responses, please remain neutral in your response and reserve judgment and unsolicited advice.
- **DO NOT BE DISAPPOINTED IF THE RESPONDENT DOESN'T WANT TO BE SURVEYED.**
  Negative experiences with past services may cause the respondent to be distrustful. Reversing course on that is a process, and your positive interaction and respect of their boundaries will help future engagements.
- **DO NOT PROMISE HOUSING OR SERVICES.**
  Though you may be trying to be helpful, false promises will only add to their distrust and disinterest with future engagements.
- **DO NOT MANIPULATE RESPONSES.**
  Major eligibility criteria are officially verified later so it does not benefit the respondent to be dishonest.
- **DO NOT VOLUNTEER THE SCORE OR THE SCORING PROCESS.**
  You may share the general housing recommendation, but we do not want people being referred to as numbers.
- **YES AND NO ANSWERS ARE FINE, IDEAL EVEN. AVOID FOLLOW UP QUESTIONS.**
  Respondents do not need to explain themselves. Explain questions if further clarification is needed, but try to keep the conversation short and clear to respect their time. Make note of items you may want to come back to, but allow engagement/case management to happen separate from the survey itself.
- **COUNT BACKWARDS AND PAUSE.**
  For any question that asks a date range, count backward to the first date – so if today is January 1, 2015 and the questions asks "in the last 6 months," say in "in the last 6 months…December, November, October, September, August, July. So since July 2014 …" Also, for any question that states "anything like that," add an intentional pause between "or anything (pause) like (pause) that" to help emphasize that you have read a list.
- **BE PREPARED TO EXPLAIN LENGTH OR QUESTIONS**
  If a respondent finds a question offensive or is frustrated by the length, please explain that each question will help to avoid some inappropriate referrals and hopefully save them time in the long run. For other questions with more obvious answers, you may explain that you wanted to give them the ability to speak for themselves.
- **PRACTICE.**
  As you become more comfortable with the survey, you should notice a gradual reduction in the amount of time it takes to complete.

CES Survey: Introduction

CHECKLIST

Prepare

- ❑ **Review:** Instructions for the Surveyor
- ❑ **Read Aloud:** Instructions for the Respondent

Survey *(portions may be completed together or at separate times)*

- ❑ **Verbally Administer:** Survey Part 1 (VI-SPDAT v3, basic intake, initial eligibility questions)
- ❑ **Verbally Administer***: VA Release of Information (if applicable; can be referred to VA staff)
- ❑ **Take picture**: Client may decline. Ask if you can take a picture of their ID instead or take a picture with them.
- ❑ **Provide:** Contact sheet if you or your coordinator are willing to be available for follow-up contact

Follow-Up

- ❑ **Data Entry:** Enter survey responses into HMIS
- ❑ **Upload:** client picture, copies of documents, etc. to HMIS

  ==========***The following steps may be taken over by a Housing Navigator***==========
- ❑ **Obtain Documents (*if not already in possession):** Birth Certificate, ID & Social Security. Although not immediately required, please be prepared to quickly prepare income verification documents as well.

  Possessing documents required for housing is the final step in becoming "match-ready" for most housing in CES.
- ❑ **Data Entry:** Note receipt of documents and upload scanned copy of documents into HMIS if possible.

CES Survey: Introduction

INSTRUCTIONS FOR RESPONDENT

Hello! My name is _____ and I am with a group called_____ (organization name). I have a survey I would like to complete with you.

- There are a few parts to this survey. The first part takes about 20-30 minutes to complete. Let's complete the first part and after that, we can see if we want to do more today, or wait for a different day.
- Most questions only require a "yes," "no" or other one-word answer. If you have more to share about an answer, I'd be happy to discuss that after the survey, but let's try and finish the survey first.
- This is not a housing application, but the answers will help us understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.
- All that to say, I'm not using the answers you give to make any personal judgments about you.
- This survey is for anyone who is experiencing homelessness – not just people with a certain type of need.
- Some questions are personal in nature, but again, every question is designed to help us help you. You can skip or refuse any question that you don't feel comfortable answering, but the more questions you're willing to answer, the better.
- Someone may follow up with you to assist in getting documents needed to access resources, so it's important that we have accurate contact information for you.
- There is no need to take this survey twice, but from time to time we may want to update it with you, to make sure the information is accurate.
- Afterward, you may request a contact sheet and refer to it if you have questions.

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID:* _____

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Assessment Location: _____ **Assessment Type (Please circle one):** Phone / Virtual / In Person

Assessment Level (Please circle one): Crisis needs assessment / Housing needs assessment

Immediate Safety Assessment

Instructions for surveyor (DO NOT READ ALOUD): Due to the confidential nature of the following questions, we ask that you try to secure a private space where the **respondent is unaccompanied.** Regardless of the outcome, please remain neutral in your response and reserve judgment and unsolicited advice.

1. Are you seeking services today because you are concerned about your immediate safety related to abuse?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client prefers not to answer
2. If you experienced domestic or intimate partner violence, was this within the past month?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
3. Are you currently fleeing because you are in danger?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If question #2 and #3 were both answered as "Yes" (**), then participant should be referred to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.

A. History of Housing and Homelessness

4. Where do you sleep most frequently?	☐ Shelters ☐ Transitional Housing ☐ Safe Haven ☐ Outdoors* ☐ Couch surfing	☐ Car ☐ Client doesn't know* ☐ Client prefers not to answer* ☐ Other* (please specify: _____)

If the person answers anything other than "Shelters", "Transitional Housing", or "Safe Haven", then score 1. **Score:**

5. How long has it been since you lived in permanent stable housing?	☐ Less than a week ☐ 1 week – 3 months ☐ 3 – 6 months	☐ 6 months to 1 year ☐ 1 – 2 years ☐ 2 years or more	☐ Client doesn't know ☐ Client prefers not to answer
6. In the last three years, how many times have you been homeless?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer

If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1. **Score:**

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

B. Risks

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

7a. Received health care at an emergency department / room?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer
7b. Taken an ambulance to the hospital?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer
7c. Been hospitalized as an in-patient?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer
7d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer
7e. 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?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer
7f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	☐ 0 times ☐ 1 time ☐ 2 times	☐ 3 times ☐ 4 times ☐ 5 or more times	☐ Client doesn't know ☐ Client prefers not to answer

If the total number of interactions equals 4 or more, then score 1 for *Emergency Service Use*. **Score:**

8. Have you been attacked or beaten up since you've become homeless?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
9. Have you threatened to or tried to harm yourself or anyone else in the last year?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer

If "Yes" (**) to any of the above, then score 1 for *Risk of Harm*. **Score:**

10. 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?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer

If "Yes" (**), then score 1 for *Legal Issues*. **Score:**

11. Does anybody force or trick you to do things that you do not want to do?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
12. Do you 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 know, share a needle, or anything like that?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer

If "Yes" (**) to any of the above, then score 1 for *Risk of Exploitation.* **Score:**

C. Socialization & Daily Functioning

13. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

14. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	□ No* □ Yes	□ Client doesn't know □ Client prefers not to answer
If "Yes" (**) to question 13 or "No" (*) to question 14, then score 1 for *Money Management*.		**Score:**
15. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	□ No* □ Yes	□ Client doesn't know □ Client prefers not to answer
If "No" (*), then score 1 for *Meaningful Daily Activity*.		**Score:**
16. 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?	□ No* □ Yes	□ Client doesn't know □ Client prefers not to answer
If "No" (*), then score 1 for *Self-Care.*		**Score:**
17. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
If "Yes" (**), then score 1 for *Social Relationships.*		**Score:**

D. Wellness

18. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
19. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
20. If there was space available in a program, housing, or resources that specifically assists people that live with HIV or AIDS, would that be of interest to you?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
21. 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?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
22. When you are sick or not feeling well, do you avoid getting help?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
23. Are you currently pregnant?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for *Physical Health*.		**Score:**
24. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
25. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for *Substance Use*.		**Score:**
26. 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:		
26a. A mental health issue or concern?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer
26b. A past head injury?	□ No □ Yes**	□ Client doesn't know □ Client prefers not to answer

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

26c. A learning disability, developmental disability, or other impairment?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
27. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for *Mental Health*.		**Score:**
If the respondent scored 1 for *Physical Health* and 1 for *Substance Use* and 1 for *Mental Health*, score 1 for *Tri-Morbidity*.		**Score:**
28. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
29. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
If "Yes" (**) to any of the above, then score 1 for *Medications*.		**Score:**
30. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
If "Yes" (**), then score 1 for *Abuse and Trauma*.		**Score:**

Follow-Up

31. On a regular day…	
31a. Where is it easiest to find you?	
31b. What time of day is easiest to do so?	
32. So that someone can safely get in touch with you or leave you a message…	
32a. Phone number	_____ --_____ -- _____
32b. Email address	
33. Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ No ☐ Yes

Residency & Preferences

34. Where do you currently reside?	Street 1: _____ Street 2: _____ City: _____ State: _____ Zip:
35. Have you called Long Beach/ Long Beach Unincorporated/ Santa Monica home within the last year (12 months)?	☐ Yes ☐ No

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

If either question #34 or #35 was answered as Long Beach, Long Beach County Unincorporated, or Santa Monica, then the following question is **required**:

35a. How many months have you stayed in that city/community?	☐ 0 months ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months ☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months or more ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected
36. Is the region where you're currently residing where you're looking to be housed? **SURVEYOR NOTE: location may be different from answer to Q35/35a*	☐ Yes ☐ No, I have another community in mind**

If question #36 was answered as No (**), then the following question is **required**:

36a. What is the community you are looking to be housed in? **SURVEYOR NOTE: Please check **ONLY ONE** SPA.*	☐ SPA 1 – Antelope Valley ☐ SPA 2 – San Fernando Valley ☐ SPA 3 – San Gabriel Valley ☐ SPA 4 – Metro/Central LA ☐ SPA 5 – West LA ☐ SPA 6 – South LA ☐ SPA 7 – Southeast / East LA ☐ SPA 8 – South Bay ☐ Outside of LA County
37. Would you be interested in housing options such as shared housing, a room for rent, or sober living?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer
38. Question for Participant: Some housing units have disability-related features that make it easier for people with certain disabilities to live in that housing. If you or anyone in your household are to be placed in housing, would you need:	☐ Yes: a mobility unit ☐ Yes: a hearing/vision unit ☐ Yes: a mobility and hearing/vision unit ☐ No
39. Question for Staff: Based on your observation, does this person/a person in this household appear to have: (Check all that apply)	☐ A mobility disability (uses a wheelchair, walker, or has difficulty walking) ☐ A hearing disability (deaf or hard of hearing) ☐ A visual disability (blind or low vision) ☐ None of the above
40. Question for Staff: Based on your observation, might this person/a person in this household need assistance to communicate as effectively as someone without a disability (i.e. sign-language interpreter, large print or braille documents, hearing assistance device)?	☐ No ☐ Yes**

If question #40 was answered as Yes (**), then the following question is **required**:

40a. Ask: Which assistance aides do they need?	

US Department of Veterans Affairs (VA), Department of Mental Health (DMH), and Department of Health Services (DHS)

41. To the best of your knowledge, do you think you are VA Healthcare eligible?	☐ No ☐ Yes** ☐ Client doesn't know ☐ Client prefers not to answer

If "Yes" (**) to Veteran, administer VA release of information and refer to a veteran service provider.

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

42. Are you currently receiving or have you ever received treatment at a mental health program/clinic?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client prefers not to answer
42a. If "Yes" (**), what is the name of the program/clinic?		

43. Have you been a patient at any of the following DHS hospitals or at a DHS Health Center in the past 12 months? (*DHS stands for the LA County Department of Health Services*)

Please check all that apply

Hospitals
- ☐ LAC + USC Med Center
- ☐ Harbor UCLA Med Center
- ☐ Olive View Med Center
- ☐ Rancho Los Amigos

Multi-Service Ambulatory Care Centers
- ☐ Rancho Los Amigos
- ☐ Martin Luther King, Jr. Outpatient Center
- ☐ High Desert Regional Health Center

Comprehensive Health Centers
- ☐ El Monte Comprehensive Health Center
- ☐ Edward R. Roybal Comprehensive Health Center
- ☐ H. Claude Hudson Comprehensive Health Center
- ☐ Hubert H. Humphrey Comprehensive Health Center
- ☐ Long Beach Comprehensive Health Center
- ☐ Mid-Valley Comprehensive Health Center

Health Centers
- ☐ Antelope Valley Health Center
- ☐ Bellflower Health Center
- ☐ Dollarhide Health Center
- ☐ Glendale Health Center
- ☐ La Puente Health Center
- ☐ Lake Los Angeles Health Center
- ☐ Little Rock Health Center
- ☐ San Fernando Health Center
- ☐ South Antelope Valley Health Center
- ☐ Wilmington Health Center

Other
- ☐ Other DHS clinic (Specify): _____
- ☐ Does not receive care at any DHS hospital or clinic

If any hospital or center was answered for question #43, then the following question is **required**:

43a. How many times have you accessed services at the DHS site(s) in the last 12 months?	☐ 1 ☐ 2 ☐ 3 ☐ 4	☐ 5 ☐ 6 ☐ 7 ☐ More than 7	☐ Client doesn't know ☐ Client prefers not to answer

Disabling Condition

44. Do you think you might have any of the following conditions?	☐ Substance abuse disorder ☐ Physical disability ☐ Mental health disability	☐ Developmental disability ☐ Chronic physical illness ☐ HIV / AIDS	☐ None of the above ☐ Client doesn't know ☐ Client prefers not to answer

Housing History

45. Have you been evicted from a Public Housing Authority unit? By evicted, I mean has a landlord ever requested you to leave the property? Have you ever received a 3-day notice to quit or vacate the property?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer
46. Have you ever been convicted of manufacturing or producing methamphetamine?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer
47. Are you required to register as a sex offender?	☐ Yes ☐ No	☐ Client doesn't know ☐ Client prefers not to answer

CES Survey Part 1: Basic Intake, VI-SPDAT *Client Name / HMIS ID: _____*

Documentation *(Files)*

Check all that are in the client's possession:		
☐ Birth Certificate	☐ Proof of Residency	☐ VA Release
☐ Certificate of Disability	☐ Reference Letter	☐ LACDMH 677 Authorization Consent
☐ DD214 (Veterans Only)	☐ Social Security Card	☐ DHS Pre-release
☐ Driver's License / CA ID	☐ TB Certification	☐ Other:
☐ Homeless Verification	☐ Verification of Income	_____

Client Contact Information *(Location)*

Address Type:		
☐ Home ☐ Work ☐ School ☐ Mailing ☐ Emergency ☐ Father ☐ Mother ☐ Spouse ☐ Temporary ☐ Other ☐ Legal Guardian ☐ Message ☐ Management Company ☐ Forwarding Address	Name	
	Address 1	
	Address 2	
	City	
	State	
	Zip Code	
	Email	
	Phone 1	
	Phone 2	

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: _____

Office Use Only – Next Steps

Potential Chronic Homelessness: Is respondent potentially chronically homeless based on the following: ☐ History of Homelessness: Question #5 is 12 months or more, or Question #6 is 4 episodes or more ☐ Disability: Scored 1 point in Substance Use, or Scored 1 point in Mental Health, or At least one disability is identified in question #44, or Question #18, #19, #20, or #42 is Yes **If the two boxes above are checked, then the respondent is potentially chronically homeless.**	☐ Yes ☐ No	***Informs potential housing eligibility.***
Potential Veteran: Did respondent answer "Yes" to Veteran?	☐ Yes ☐ No	**Administer VA release of information and refer to a veteran service provider.**
Domestic Violence: Did respondent answer "yes" to question #2 and #3?	☐ Yes ☐ No	**Refer the client to the LA County Domestic Violence Hotline 1-800-978-3600. Participant has the choice to continue receiving services through CES.**

Domain	Subtotal	Results	
Pre-Survey	/ 1	**Score:**	**Recommendation:**
A. History of Housing & Homelessness	/ 2	0 – 3	No housing intervention
B. Risks	/ 4	4 – 7	An assessment for Rapid Re-Housing
C. Socialization & Daily Functions	/ 4		
D. Wellness	/ 6	8 +	An assessment for Permanent Supportive Housing/Housing First
Grand Total:	/ 17		

Interviewer's Name: _____ **Organization:** _____

Interviewer's Email: _____ **Interviewer's Phone:** _____

Date Survey Was Conducted: Date: _____ / _____ / _____

May include observations about client or location, such as description of make-shift shelter, detailed description of vehicle (if respondent was residing in vehicle)

End of CES Survey Part 1

Department of Veterans Affairs	REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT AND PAPER WORK REDUCTION ACT INFORMATION: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless is displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 2 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out this form. The execution of this form does not authorize the release of information other than that specifically described below.

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record – VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and address of VA health care facility):

LAST NAME-FIRST NAME-MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PURPOSE(S) OR NEED: Information is to be used by the organization or individual for

☐ Treatment ☐ Benefits ☐ Legal ☐ Employment ☐ Other – Please specify._____

_____

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ Health Summary (prior 2 years)
☐ Inpatient Discharge Summary (dates): _____
☐ Progress Notes:
  ☐ Specific clinics (name & date range): _____
  ☐ Specific providers (name & date range): _____
  ☐ Date range: _____
☐ Operative/Clinical Procedures (name &date): _____
☐ Lab results:
  ☐ Specific tests (name & date): _____
  ☐ Date range: _____
☐ Radiology Reports (name & date): _____
☐ List of Active Medications
☐ Flu Vaccination (dose, lot number, date & location)
☐ Other (describe below):

LAST NAME-FIRST NAME-MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.

I request and authorize the Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization:

☐ Drug Abuse ☐ Alcoholism or Alcohol Abuse ☐ Sickle Cell Anemia

☐ Human Immunodeficiency Virus (HIV)

I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked unless I indicate by checking the box below that I do not want this information released for this specific disclosure.

☐ **I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.**

AUTHORIZATION: I certify that this request has been made freely, voluntarily and without coercion, or because a condition of VA employment mandates the signing of this authorization. The information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any information disclosed per this authorization may no longer be protected by Federal confidentiality laws or regulations and may be subject to re-disclosure by the recipient.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION: Without my express revocation, the authorization will automatically expire

☐ After one-time disclosure, if all needs are satisfied

☐ On _____ (enter a future date other than date signed by patient)

☐ Under the following condition(s):_____

PATIENT SIGNATURE	DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable)	**DATE (mm/dd/yyyy)**

PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT

FOR VA USE ONLY

Type and Extent of Material Released:

Date Released:	Released by:

CES Survey: Contact Sheet

Thank you for completing this survey. Your answers will help us better understand your health and housing needs and the needs of our community, and may help us make better referrals for you in the future.

For more information about the Coordinated Entry System or this survey, please contact:

SPA __ Community Coordinator: _____

Phone: _____

Email: _____

Address of regional access center: _____

_____

Follow up contact (if applicable):

Outreach Worker/Housing Navigator: _____

Phone: _____

Email: _____