

DEPARTMENT OF PUBLIC SOCIAL SERVICES

ADMINISTRATIVE HANDBOOK

HOUSING AND SUPPORT PROGRAMS

HOMELESS EMERGENCY AID PROGRAM (HEAP)

CALIFORNIA EMERGENCY SOLUTIONS AND HOUSING
PROGRAM (CESH)



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INTRODUCTION

This handbook provides project administration guidelines and financial reporting requirements for Subrecipients under contract with Riverside County Department of Public Social Services (DPSS) to operate the Homeless Emergency Aid Program (HEAP) and the California Emergency Solutions and Housing Program (CESH). This handbook does not supersede any law, regulation, or policy issued by the State of California with regard to this program.

Assistance to homeless individuals was authorized by Senate Bill 850, Chapter 48, approved by the Governor of California on June 27, 2018. The act amends Section 65913.4 of the Government Code, to add Sections 50472 and 50717, to add Chapter 5 (commencing with Section 50490) to Part 2 of Division 31 of, and to amend Section 8257 of the Welfare Institutions Code, relating to housing, and making appropriation therefor, to take effect immediately, the bill related to the budget. Homeless funding under the CESH and HEAP are awarded to DPSS as the Administrative Entity for the local needs of the Riverside City and County Continuum of Care.

Senate Bill 850 also requires the Housing and Community Development (HCD) department to make grants under the CESH program to qualifying subrecipients to implement activities that address the needs of homeless individuals and families and assist them to regain stability in permanent housing as quickly as possible.

Senate Bill 850 also establishes HEAP for the purpose of providing localities with one-time flexible block grant funds to address their immediate homelessness challenges. The bill requires the Business, Consumer Services, and Housing Agency (BCSH) to administer the program in consultation with the Homeless Coordinating and Financing Council (HCFC).

DPSS, as the Grantee, partners with government and non-profit organizations through a contract to provide housing and supportive services to individuals and families experiencing homelessness within Riverside County.

This handbook is intended to outline the DPSS policies and procedures as well as provide the appropriate state and federal codes and regulations for the HEAP and CESH Programs to ensure compliance.

DPSS CONTACTS

CoC CORE UNIT	
CoC CORE Manager	951-358-5638
Administrative Services Officer	vacant
Senior Program Specialist	951-358-5694
CONTRACT ADMINISTRATION UNIT	
Contract Analyst	951-358-3081
FISCAL	
Administrative Services Supervisor	951-358-6549

GLOSSARY

AE – Administrative Entity is the CoC’s designated agency to receive and administer State of California grant funds.

APR – Annual Performance Report

BCSH – State of California Business, Consumer Services and Housing Agency

CPA – Certified Public Accountant

CES – Coordinated Entry System

CoC – Continuum of Care

CoC CORE Region – Continuum of Care Coordination, Oversight, Reporting and Evaluation unit

DPSS – Department of Public Social Services

HCD – State of California’s Housing and Community Development Department

HMIS – Homeless Management Information System

HQS – Housing Quality Standards

MOU – Memorandum of Understanding

NOFA – Notice of Funding Availability

Recipient - the entity that receives the grant award. A recipient may choose to subgrant part or all of the HEAP/CESH Program grant to one or more subrecipients to operate the project, or the recipient may operate the project directly.

Subrecipient - an entity that receives a subgrant from the recipient to carry out the operation of the project.

A. FISCAL COMPONENTS

The County of Riverside recognizes governmental Generally Accepted Accounting Principles (GAAP), as codified by the Governmental Accounting Standards Board (GASB), as the highest ranking set of standards applicable to the County's accounting practices. These standards take highest precedence over all other standards, laws, and regulations.

1. CLAIMS

Although state regulations affecting claiming may change during the course of your contract, the regulations that were in effect at the time your contract was approved will usually apply until your contract expires.

NOTE: Electronic claims are not accepted. A claim will not be considered as received until a hard copy of the claim with an original signature on the DPSS 2076A and DPSS 2076 B (if applicable) is received by DPSS.

2. CLAIM FORMS

Claims should be received by DPSS no later than 30 days after the end of the month in which services were provided using the DPSS 2076A (Contractor Payment Request Form) and DPSS 2076B (Contractor Expenditure Report) with the required supporting documentation (see Section 5 *Supporting Documentation*).

3. TIME/ACTIVITY REPORTS

Time/Activity reports (see attached) are required for all staff (see Section 5 *Supporting Documentation*). Time/Activity reports are required to show the actual hours that staff worked in a particular activity on a grant. *The time/activity report hours must match the total hours on the payroll documentation that is provided.*

4. REIMBURSEMENTS/DISBURSEMENT OF FUNDS

Generally, reimbursement payments are sent within forty-five (45) days after receipt of a claim. An expenditure which is not authorized by the Agreement, or which cannot be adequately documented, shall be disallowed and will not be paid to the Subrecipient.

The most common causes for a delay in reimbursement is:

- Lack of documentation
- Incomplete documentation
- Unclear documentation

Once your claim has been reviewed, we will send a letter indicating any differences. If you disagree with any disallowance, please request any correction within 30 days from the date of the letter.

Any reimbursements that are made and are found later to be ineligible must be repaid by the Subrecipient upon request.

5. SUPPORTING DOCUMENTATION

The general rule for supporting documentation is that for any program cost that is to be reimbursed, provide the invoice which documents that a cost was incurred, and a receipt, or a copy of a check, or a check stub to substantiate the amount paid. Supporting documentation must be **legible, clear, and organized**. DPSS must be able to tie your request to the amounts claimed after each line item on the Claim Form. Costs can only be reimbursed if they have been included in the original application.

A spreadsheet itemizing the expenses, or at a minimum, an adding machine tape showing the expenses with a matching amount on the claim form is helpful. The clearer the information is that you provide, the quicker we will be able to process the claim.

Fiscal staff reviews each claim for expenses that are:

- Allowable
- Allocable
- Reasonable

CLAIM DOCUMENTATION REQUIRED BY DPSS

LEASING / RENTAL ASSISTANCE	
●	Lease agreement (does not need to be submitted with each claim. Must be submitted at client move-in and each time a lease expires or changes.)
●	Invoice or documentation of rent amount and due date
●	Proof of payment (cancelled check or check stub)
STAFF (Operations, Supportive Services, HMIS and Admin)	
●	Time Sheet
●	Time and Activity Report
●	Pay Stub or Payroll Report
EXPENSES (Operations, Supportive Services, HMIS and Admin)	
●	Invoice or receipt that is dated and has a detailed explanation of charges.
●	Proof of payment (cancelled check or check stub)

6. INTEREST

All proceeds from any interest-bearing account established by the subrecipient for the deposit of HEAP/CESH funds, must be used for HEAP/CESH-eligible activities. Consistent with Health and Safety Code Section 50214 (b), no more than five (5) percent of these proceeds may be used for general administrative purposes.

7. CAPITAL PURCHASES

Capital expenditures are allowable, provided that items with a unit cost of \$5,000 or more have the prior written approval of DPSS *before the item is purchased*. DPSS will require proof that due diligence was achieved on the part of the subrecipient to ensure that the purchase is ***reasonable and necessary*** for the direct provision of homeless services. Vehicle purchases are allowable, and the subrecipient will need to provide proof of the vehicle retention for a seven (7) year period by providing proof of registration and insurance on a yearly basis.

8. PROCUREMENT STANDARDS

Agencies must follow the federal procurement standards found in 2 CFR Part 200.317-200.320.

9. USE RESTRICTON COVENANT

HEAP funding utilized to purchase, acquire, rehabilitate or construct real property for the exclusive use of housing for homeless individuals and families, or to provide homeless services, shall have a Use Restriction Covenant properly and legally recorded to the deed for a term of 15 years. The restrictive covenant shall remain in force and fully enforceable for the term of 15 years, and shall restrict the sale of the property during the term of the covenant and its use shall be restricted for the benefit of homeless housing and homeless services. Subrecipients agree to not take or permit any action that would result in a violation of the Use Restriction Covenant.

10. INDIRECT COSTS

DPSS has elected to allow Direct Costs only.

11. BUDGET MODIFICATIONS

After the effective date of this Agreement, no changes to program budget, funded homeless service providers, or eligible activities shall be made without prior, written approval from DPSS. Any changes to this Agreement must be made in writing and approved by DPSS prior to implementing the change.

12. ADVANCES

A one-time advance may be requested by new projects for an amount not to exceed 25% of the total contract amount. If an advance is issued it will be recouped with the first six monthly claims that are submitted. 17% of the advance will be recouped from each of the first 5 claims and 15% will be recouped from the 6th claim submitted (if there are not enough funds in a claim to recoup, the difference will be added to the next claim).

1. Advance Request. The subrecipient must submit a written request on agency letterhead and complete the DPSS 2076A form.

DPSS reserves the right to approve or deny any advance request based on funding availability.

13. SUBCONTRACTS

Subrecipient must provide a copy of any subcontract or MOU's for any services that will be provided under this grant prior to those services being provided.

B. INSPECTION AND AUDITS

- The Subrecipient shall maintain auditable books, records, documents, and other evidence pertaining to costs and expenses in this Agreement (refer to Recordkeeping Requirements).
- DPSS Authorized representatives and the state government shall have access to any books, documents, papers, electronic data, and other records, which these representatives may determine to be pertinent to this Agreement for the purpose of performing an audit, evaluation, inspection, review, assessment, or examination. These representatives are authorized to obtain excerpts, transcripts, and copies, as they deem necessary. Further, these authorized representatives shall have the right, upon request, to inspect or otherwise evaluate the work performed under this Agreement and the premises in which it is being performed.
- This access to records includes, but is not limited to, service delivery, referrals, and financial and administrative documents for five (5) years after final payment was made, or until all pending county and state audits are completed, whichever is later.
- Should the Subrecipient disagree with any audit conducted by DPSS, the Subrecipient shall have the right to employ a licensed, Certified Public Account (CPA) to prepare and file with DPSS a certified financial and compliance audit (in compliance with generally accepted government auditing standards) of related services provided during the term of this Agreement. The Subrecipient will not be reimbursed by DPSS for such an audit.

- In the event the Subrecipient does not make available its books and financial records at the location where they are normally maintained, the Subrecipient agrees to pay all necessary and reasonable expenses, including legal fees, incurred by DPSS in conducting any audit.
- All Agreement deliverables and equipment furnished or utilized in the performance of this Agreement shall be subject to inspection by DPSS at all times during the term of this Agreement. The Subrecipient shall provide adequate cooperation to any employee assigned by DPSS in order to permit their determination of the Subrecipient's conformity with specifications and adequacy of performance and services being provided in accordance with this Agreement.

C. WITHHELD PAYMENTS

Unearned payments under this Agreement may be suspended or terminated if grant funds to DPSS are suspended or terminated, or if the Subrecipient refuses to accept additional conditions imposed on it by DPSS.

DPSS has the authority to withhold funds under this Agreement pending a final determination by DPSS of questioned expenditures or indebtedness to DPSS arising from past or present agreements between DPSS and the Subrecipient. Upon final determination by DPSS of disallowed expenditures or indebtedness, DPSS may deduct and retain the amount of the disallowed or indebtedness from the amount of the withheld funds.

Payments to the Subrecipient may be withheld by DPSS if the Subrecipient fails to comply with the provisions of this Agreement.

D. FISCAL ACCOUNTABILITY

The Subrecipient agrees to manage funds received through DPSS in accordance with sound accounting policies; incur and claim only eligible costs for reimbursement; and adhere to Generally Accepted Accounting Principles (GAAP).

The Subrecipient must establish and maintain on a current basis an accrual accounting system in accordance with generally accepted accounting principles and standards. Further, the Subrecipient must develop an accounting procedure manual. Said manual shall be made available to DPSS upon request or during fiscal monitoring visits.

E. AVAILABILITY OF FUNDING

Funding for this Agreement is subject to the continuing availability of funds provided to DPSS during the Agreement period. DPSS will inform the Subrecipient, immediately upon notice from the State, of any limitation of the availability of funds.

Both parties understand that DPSS makes no commitment to fund this project beyond the term of this Agreement.

F. REPROGRAMMING OF HEAP FUNDS

BCSH allows for the COUNTY as the Administrative Entity to reprogram funds under the HEAP program from one eligible activity and/or jurisdiction to another after the application is approved and funds are disbursed. The COUNTY under the direction of the Board of Governance and with the approval of BCSH reserves the right to reprogram funds as needed after awards are announced to ensure funding spending goals and program compliance under Health and Safety Code Section 50215(b)(2).

G. REPORTING

Reporting due dates are determined by a project's operating start date. Please note that different programs have different operating start dates.

- Additional reports may be requested at any time by DPSS and/or HCD or BCSH to meet other applicable reporting or audit requirements, as well as evaluating project performance.

H. RECORDKEEPING REQUIREMENTS

The Subrecipients must establish and maintain standard operating procedures to ensure that program funds are used in accordance with the recordkeeping requirements and must establish and maintain sufficient records to enable DPSS to determine whether the Subrecipient is meeting the state's requirements.

- The Subrecipient must maintain and follow written, intake procedures to ensure program compliance. The procedures must require documentation, at intake, of the evidence relied upon to establish and verify homeless or chronically homeless status. The procedures must establish the *order of priority* for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. Records contained in an HMIS, or comparable database used by victim service or legal service providers, are acceptable evidence of third-party documentation and intake worker observations, if the HMIS, or comparable database, retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made, and if the HMIS prevents overrides or changes of the dates on which entries are made.
- As part of the Chronically Homeless definition, evidence that the individual is a homeless individual with a disability must include documentation, at intake, of the evidence relied upon to establish and verify the disability of the person applying for homeless assistance. Acceptable evidence of the disability includes written verification of the disability from a *professional licensed by the state* to diagnose and treat the disability and his or her certification that the disability is expected to

be long-continuing or of indefinite duration and substantially impedes the individual's

ability to live independently; written verification from the Social Security Administration; the receipt of a disability check (e.g., Social Security Disability Insurance check or Veteran Disability Compensation); intake staff-recorded observation of disability that, no later than 45 days' from the application for assistance, is confirmed and accompanied by the required evidence.

- The Subrecipient must ensure that records of all grant activities are complete and correct to enable DPSS/HCD/BCSH to determine whether the recipient and Subrecipient are meeting the program requirements and must be retained for the five (5) years after final payment has been made or until all pending DPSS, state, and federal audits, if any, are completed, whichever is later. If a restrictive covenant is in effect, records shall be maintained until the covenant expires.

The Subrecipient agrees to keep all records containing protected information secure and confidential.

- Program participant records. In addition to evidence of homeless or chronically homeless status, as applicable, the Subrecipient must keep records for each program participant by documenting the following:
 - **Coordinated Entry System.** State funded projects are required to coordinate and participate in the local Coordinated Entry System (CES). State funded projects are required to receive and service referrals from the CES. Subrecipients must retain evidence of the referral received from Coordinated Entry System and/or Home Connect that initiated the program assistance.
 - Service providers funded under the State programs are required to prioritize assistance utilizing the County of Riverside's designated, universal assessment tool, the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT), Exhibit F of this Handbook.
 - Locally, the CES is integrated into the County's HMIS system and requires service providers to enter into an HMIS Service Partnership agreement and obtain HMIS User Accounts for staff contributing client-level data into the HMIS system.
 - **Services provided.** All services, financial assistance and type of supportive services provided to the program participant, including evidence that the Subrecipient has conducted an *annual assessment* of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and

including case management services as provided in § 578.37(a)(1)(ii)(F). Where applicable, compliance with the termination of assistance requirement in § 578.91.

- **Annual income.** For each program participant who receives housing assistance where rent or an occupancy charge is paid by the program participant, the

Subrecipient must keep the documentation of annual income and the calculation completed by the Subrecipient; and source documents (e.g., most **recent wage** statement, unemployment compensation statement, public benefits statement, bank statement) for the assets held by the program participant and income received before the date of the evaluation; to the extent that source documents are unobtainable, a written statement by the relevant third party (e.g., employer, government benefits administrator) or the written certification by the Subrecipient's intake staff of the oral verification by the relevant third party of the income the program participant received over the most recent period; or to the extent that source documents and third-party verification are unobtainable, the written certification by the program participant of the amount of income that the program participant is reasonably expected to receive over the 3-month period following the evaluation. Income of program participants must be calculated in accordance with 24 CFR 5.609 and 24 CFR 5.611(a).

- **Calculation of occupancy charges.** The Subrecipient must retain evidence of compliance with the § 578.77, Calculating occupancy charges and rent, if occupancy charges are imposed.
- **Utility allowance.** For all utility allowance calculations, Subrecipients must utilize the most current utility allowance charts provided by the Housing Authority of the County of Riverside (Exhibit E).
- **Housing standards.** The Subrecipient must retain documentation of compliance with the housing standards in § 578.75(b), including inspection reports.
- **Occupancy agreements and leases.** Subrecipient must retain all signed occupancy agreements or leases for program participants residing in housing.

I. ASSESSMENT AND MONITORING

DPSS is the AE and recipient of the state grant funds. As such, DPSS is responsible for ensuring that the funds provided to the Subrecipient are utilized according to state law

and policy, the goals established in the Project Application, and the Contract requirements are being met. To ensure compliance with state laws and all applicable policies, DPSS will conduct on-site program, financial, and contract compliance monitoring visits at least once during the grant period.

Monitoring will be conducted by representatives from the CoC CORE Region (lead), a representative from DPSS's Fiscal unit, a representative from DPSS's Contracts Administration Unit, and the Subrecipient's liaison. The purpose of the monitoring visit is to assess how well the Subrecipient is implementing its grant and/or to offer technical assistance.

In preparation for the on-site monitoring visit, the monitoring team will contact the Subrecipient to arrange a mutually convenient date for the visit, explain the purpose of the monitoring visit, and provide an advance copy of the monitoring tool.

DPSS will follow a monitoring plan and conduct a Monitoring Visit Entrance Meeting and Exit Meeting. During the Entrance meeting, the monitoring team will meet the Subrecipient's key personnel and provide an overview of the review process. At the Exit meeting, DPSS will review and comment on areas which might present a concern or a finding during the visit.

DPSS will prepare a Monitoring Report for the review no later than thirty (30) days after the visit. The Subrecipient will be given, if appropriate, thirty (30) days to respond to the report, including submission of a corrective action plan to address concerns/findings.

Subrecipients agree to facilitate and be subject to monitoring grant activities by DPSS to ensure compliance with applicable State laws, regulations and requirements. In addition, the projects will be evaluated for state performance measures outcomes. The monitoring must cover each program, function or activity:

1. An onsite monitoring visit of the homeless service provider shall occur whenever deemed necessary by DPSS, but at least once during the grant period.
2. DPSS will monitor the performance of the Subrecipient based on a risk assessment and according to the terms of this Agreement.
3. DPSS will monitor the Subrecipient and funded project based on the performance measures used by State and indicated in the funding sources' Standard Agreement. In the event that project- level or system-wide performance consistently remains in the lowest quartile compared to all participant Service Areas in the Continuum of Care allocation, DPSS will work collaboratively with the Subrecipient to develop performance improvement plans which will be incorporated into this Agreement.
4. If it is determined that a Subrecipient falsified any certification, application and/or

client information, financial, or contract report, the Subrecipient shall be required to reimburse the full amount of the CESH or HEAP award to DPSS and may be prohibited from any further participation in the CoC Program. DPSS may impose any other actions permitted by the State.

J. BREACH AND REMEDIES

Subrecipients' failure to comply with the terms of their contract will result in a breach of this Agreement.

The following shall each constitute a breach of this Agreement:

- Subrecipient's failure to comply with the terms or conditions of this Agreement.
- Use of, or permitting the use of, CESH or HEAP funds provided under this Agreement for any ineligible activities.
- Any failure to comply with the deadlines set forth in this Agreement.

K. HOUSING QUALITY STANDARDS

Subrecipients of state funding must abide by Housing Quality Standards (HQS) and suitable dwelling size required under 24 CFR 982.401 and § 578.75(b). In addition, Subrecipients must provide housing or services that comply with all applicable State and local housing codes, licensing requirements, and any other requirements in the project's jurisdiction.

Subrecipients, prior to providing assistance on behalf of a program participant, must physically inspect each unit to assure that the unit meets housing quality standards. This requirement is designed to ensure that program participants are placed in housing that is decent, safe, and sanitary, and suitable for living.

This applies to tenant-based rental unit, project-based rental unit, and master leased housing and where state funded payments are made. Assistance will not be provided for units that fail to meet HQS, unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or Subrecipient verifies that all deficiencies have been corrected, per § 578.75(b)(1).

Subrecipients must follow the HQS General Requirements listed below and must complete form HUD52580 HQS Inspection Checklist (24 CFR § 982.401) for each assisted household (See Exhibit D on page 30):

- Sanitary facilities;
- Food preparation and refuse disposal;
- Space and security;
- Thermal environment;

- Illumination and electricity;
- Water supply;
- Lead-based paint;
- Access;
- Site and neighborhood;
- Sanitary condition; and
- Smoke Detectors.

Following are the types of inspections to be performed:

1. **Initial:** An inspection that must take place to ensure that the unit passes HQS before assistance can begin;
2. **Annual:** An inspection to determine that the unit continues to meet HQS; this inspection must be conducted within 12 months' of the last annual inspection;
3. **Complaint:** An inspection caused by the authority receiving a complaint from any source regarding the unit by anyone;
4. **Special/Quality Control:** An inspection requested/conducted by a third party. DPSS will verify that the initial and annual inspections were conducted during project monitoring which will occur approximately 6 months' after project implementation. DPSS will monitor Housing Quality Standards (HQS) in accordance with the Code of Federal Regulations 24 CFR 578.75(b) and 24 CFR Part 982, by conducting quality control inspections for a sample of ten percent (10%) of a project's actively enrolled units. The purpose of Quality Control inspections is to ascertain that Subrecipients are conducting accurate and complete inspections, and to ensure that there is consistency among inspectors in the application of HQS.

L. LEASE AGREEMENT

A written lease agreement between the property owner and the program participant is required for state funded tenant-based rental assistance (TBRA) projects and project-based rental assistance (PRBA) projects. For program participants living in housing with PBRA, the lease must have an initial term of at least one year, is renewable, and is terminable only for cause. There is no minimum lease period for TBRA. The leases must be automatically renewable upon expiration for terms that are a minimum of one month long, except on prior notice by either party.

Subrecipient must retain a copy of a fully executed and current lease-agreement in the participants file.

M. RENT REASONABLENESS

The Subrecipient must determine whether the rent charged for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charged by the same owner for comparable unassisted units per § 578.51 (g). Reasonable rent comparable must be within 1 mile of the unit receiving rental assistance.

The Subrecipient agrees to obtain and retain records of rent reasonableness for all CoC Program participants prior to providing assistance.

N. FAIR MARKET RENT

Local policy allows for both payment standard, also known as the gross rent including utilities, to not exceed two times the current HUD fair market rent (FMR) for the local area. Fair market rents applicability and methodology is pursuant to 24 CFR 888.

O. COMPLIANCE WITH FEDERAL LAWS

This section is to ensure compliance with applicable federal laws.

- Faith-Based Activities
 - Pursuant to Section 8406 (b) (2) of the State Regulations, Subrecipient shall not require, as a condition of program participant housing, participation in any religious or philosophical ritual, service, meeting or rite. Equal treatment of program participants and program beneficiaries must be ensured.
 - Program participants. Organizations that are religious or faith-based are eligible subrecipients, on the same basis as any other organization, to receive state funding. Neither the Federal Government nor a State or local government receiving funds under HEAP or CESH shall discriminate against an organization on the basis of the organization's religious character or affiliation. Subrecipients of program funds shall not, in providing program assistance, discriminate against a program participant or prospective program participant on the basis of religion or religious belief.
 - Beneficiaries. In providing services supported in whole or in part with federal financial assistance, and in their outreach activities related to such services, program participants shall not discriminate against current or prospective program beneficiaries on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
 - Separation of explicitly religious activities. Subrecipients of state funding that engage in explicitly religious activities, including activities that involve overt

religious content such as worship, religious instruction, or proselytization, must perform such activities and offer such services outside of programs that are supported with state or federal financial assistance separately, in time or location, from the programs or services funded under this part, and participation in any such explicitly religious activities must be voluntary for the program beneficiaries of the HUD-funded programs or services.

- Religious identity. A faith-based organization that is a Subrecipient of state funds is eligible to use such funds as provided under the regulations of this part without impairing its independence, autonomy, expression of religious beliefs, or religious character. Such organization will retain its independence from federal, State, and local government, and may continue to carry out its mission, including the definition, development, practice, and expression of its religious beliefs, provided that it does not use direct program funds to support or engage in any explicitly religious activities, including activities that involve overt religious content, such as worship, religious instruction, or proselytization, or any manner prohibited by law.
- Among other things, faith-based organizations may use space in their facilities to provide program- funded services, without removing or altering religious art, icons, scriptures, or other religious symbols. In addition, a state-funded religious organization retains its authority over its internal governance, and it may retain religious terms in its organization's name, select its board members on a religious basis, and include religious references in its organization's mission statements and other governing documents.
- Involuntary Family Separation. Subrecipients must document its compliance with involuntary family separation requirements under § 578.93(e).
- Prohibition against involuntary family separation. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives funds under this part.
- Discrimination Policy. Federal and California State laws note that discrimination can be based on race, color, national origin or gender. Discrimination can also be based on age, religion, disability, familial status or sexual orientation.

P. HOUSING FIRST

Pursuant to Senate Bill 850, Subrecipients of state funding must implement and incorporate the core components of Housing First, as provided in subdivision (b) of Section 8255 of the Welfare and Institutions Code. Core components of Housing First mean the following:

- Tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment or

participation in services.

- Applicants are not rejected on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of “housing readiness”.
- Acceptance of referrals directly from shelters, street outreach, drop-in centers, and other parts of the crisis response system frequented by vulnerable people experiencing homelessness.
- Supportive services that emphasize engagement and problem solving over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
- Participation in services or program compliance is not a condition of permanent housing tenancy.
- Tenants have a lease and all rights and responsibilities of tenancy, as outlined in California’s Civil, Health and Safety, and Government Code.
- The use of alcohol or drugs in and of itself, without other lease violations, is not a reason for eviction.
- Communities with coordinated assessment and entry systems, incentives for funding promote tenant selection plans for supportive housing that prioritize eligible tenants based on criteria other than “first-come-first-served”, including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.
- Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
- Services are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants’ lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment, if the tenant so chooses.

- The project and specific apartment may include special physical features that accommodate disabilities, reduce harm, and promote health and community and independence among tenants.

Q. ENVIRONMENTAL REQUIREMENTS

The Subrecipient shall supply all available, relevant information necessary for DPSS to perform for each property any environmental review as required under state regulations. The Subrecipient shall also carry out mitigating measures required by the state or select an alternate eligible property.

The Subrecipient, it's project partners, and their contractors may not acquire, rehabilitate, convert, lease, repair, dispose of, demolish, or construct property for a project under this part, or commit or expend local funds for such eligible activities under this part, until DPSS has performed an environmental review under 24 CFR Part 50 and the Subrecipient has received DPSS approval of the property.

For all funded applications, DPSS will inform the Subrecipient of any required additional environmental review.

R. TERMINATION OF ASSISTANCE TO PROGRAM PARTICIPANTS

Subrecipients may terminate assistance to a participant who violates program requirements or conditions of occupancy per California Health and Welfare Code §8255 and §578.91 (a). The Subrecipient must provide a formal process that recognizes the due process of law in accordance with §578.91 (b). Subrecipients may resume assistance to a participant whose assistance has been terminated. Subrecipients that are providing permanent supportive housing for hard-to-house populations of homeless persons must exercise judgment and examine all extenuating circumstances in determining whether termination is appropriate. A participant's assistance should be terminated only in the most severe cases §578.91 (c).

S. PROJECT RENEWALS

HEAP and CESH funding are one-time grants that are not eligible for project renewal.

T. CRIMINAL BACKGROUND

The Subrecipient providing services to minors is required to conduct criminal background records checks on all employees, subcontractors, and volunteers providing services under

state funding. Subrecipients must retain a copy of the criminal background records verification and make available for review by DPSS.

U. UTILITY ALLOWANCES

The Subrecipient is responsible for using the most recent Utility Allowance worksheet. The worksheets are located online and are updated each year on July 1st:

<https://www.harivco.org/Landlord/UtilityAllowanceChart/tabid/97/Default.aspx>

STATE PROGRAM REFERENCE GUIDE

1. Senate Bill 850

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB850

2. Welfare and Institutions Code 8255

https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=WIC&division=8.&title=&part=&chapter=6.5.&article=

3. McKinney-Vento Homeless Assistance Act as Amended

<https://www.hudexchange.info/resource/1715/mckinney-vento-homeless-assistance-act-amended-by-hearth-act-of-2009/>

4. OMB Circular 2 CFR Part 200 (OFFICE OF MANAGEMENT AND BUDGET GUIDANCE FOR GRANTS AND AGREEMENTS)

<http://www.gpo.gov/fdsys/pkg/FR-2013-12-26/pdf/2013-30465.pdf>

5. Coordinated Entry Policy Brief

<https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/>

6. Department of Public Social Services – Homeless Program

<http://dpss.co.riverside.ca.us/homeless-programs>

EXHIBIT A

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES

CONTRACTOR PAYMENT REQUEST

Exhibit Number:

To: Riverside County
Department of Public Social Services
Attn: Management Reporting Unit
4060 County Circle Drive
Riverside, CA 92503

From:

Remit to Name

Address

City

State

Zip Code

Contractor Name

Contract Number

Total amount requested _____ for the period of _____, 20____.

Select Payment Type(s) Below:

☐

Advance Payment

\$

(if allowed by Contract/MOU)

☐

Actual Payment

\$

(Same amount as 2076B if needed)

☐

Unit of Service Payment

\$

_____ (# of Units) X (\$)

_____ (# of Units) X (\$)

_____ # of Units) X (\$)

_____ # of Units) X (\$)

_____ # of Units) X (\$)

Any questions regarding this request should be directed to: _____
Name Phone Number

I hereby certify under penalty of perjury that to the best of my knowledge the above is true and correct

Authorized Signature

Title

Date

FOR DPSS USE ONLY (DO NOT WRITE BELOW THIS LINE)

Business Unit (5)

Purchase Order # (10)

Invoice #

Account (6)

Amount Authorized

Fund (5)

If amount authorized is different from amount request, please explain:

Dept ID (10)

Program (5)

Program (if applicable)

Date

Class (10)

Management Reporting Unit

Date

Project/Grant (15)

Contracts Administration Unit

Date

Vendor Code (10)

General Accounting Section

Date

EXHIBIT B

COUNTY OF RIVERSIDE
DEPARTMENT OF PUBLIC SOCIAL SERVICES
CONTRACTOR EXPENDITURE REPORT

Exhibit Number:	
Contractor:	_____ Actual Expenditures for MM/YYYY _____
Contract Number:	_____

[illegible]

IN-KIND/CASH CONTRIBUTION				
List each type of contribution				
TOTAL IN-KIND/CASH MATCH				

Client Feeds Collected	Current Period	Year to Date
------------------------	----------------	--------------

EXHIBIT C

HEAP/CESH TIME & ACTIVITY REPORT AGENCY NAME - EMPLOYEE NAME

DATE: (dates for pay period)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	TOTAL
STAFF (HEAP Only)																																
HEAP Activities (Non-Admin)																																0.00
Total HEAP (Non-Admin)																																0.00
STAFF (CESH Only)																																0.00
CESH Activities (Non-Admin)																																0.00
Total CESH (Non-Admin)																																0.00
ADMIN STAFF (HEAP Only)																																0.00
HEAP Admin																																0.00
Total HEAP ADMIN																																0.00
ADMIN STAFF (CESH Only)																																0.00
CESH Admin																																0.00
Total CESH ADMIN																																0.00
NON-PROJECT (Time not worked on HEAP/CESH)																																0.00
Non-Project																																0.00
Total Non-Project																																0.00
Vacation																																0.00
Sick																																0.00
Holiday																																0.00
Other Paid Time Off																																0.00
Total Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TOTALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

I certify that this is a true and accurate report of my time and the activities were performed as shown.

Employee Signature

Date

Supervisor Signature

Date

Total Hours	0.00
Total Fringe Hrs	0.00
Difference	0.00
Actual Hrs - HEAP (Non-Admin)	0.00
Actual Hrs - CESH (Non-Admin)	0.00
Actual Hrs - HEAP ADMIN	0.00
Actual Hrs - CESH ADMIN	0.00
Non-Project Hours	0.00

EXHIBIT D

Inspection Checklist

Housing Choice Voucher Program

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0169
(Exp. 04/30/2018)

Public reporting burden for this collection of information is estimated to average 0.50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Assurances of confidentiality are not provided under this collection.

This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.

Privacy Act Statement. The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the Section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of the information may result in delay or rejection of family participation.

Name of Family		Tenant ID Number	Date of Request (mm/dd/yyyy)			
Inspector		Neighborhood/Census Tract	Date of Inspection (mm/dd/yyyy)			
Type of Inspection Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection <input type="checkbox"/>		Date of Last Inspection (mm/dd/yyyy)	PHA			
A. General Information						
Inspected Unit		Year Constructed (yyyy)	Housing Type (check as appropriate)			
Full Address (including Street, City, County, State, Zip)			<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise: 3, 4 Stories, Including Garden Apartment <input type="checkbox"/> High Rise: 5 or More Stories <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Independent Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other			
Number of Children in Family Under 6						
Owner						
Name of Owner or Agent Authorized to Lease Unit Inspected		Phone Number				
Address of Owner or Agent						
B. Summary Decision On Unit (To be completed after form has been filled out)						
<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Inconclusive	Number of Bedrooms for Purposes of the FMR or Payment Standard	Number of Sleeping Rooms				
Inspection Checklist						
Item No.	1. Living Room	Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.1	Living Room Present					
1.2	Electricity					
1.3	Electrical Hazards					
1.4	Security					
1.5	Window Condition					
1.6	Ceiling Condition					
1.7	Wall Condition					
1.8	Floor Condition					

Previous editions are obsolete

Page 1 of 8

form HUD-52580 (4/2015)
ref Handbook 7420.8

* Room Codes: 1 = Bedroom or Any Other Room Used for Sleeping (regardless of type of room); 2 = Dining Room or Dining Area;
3 = Second Living Room, Family Room, Den, Playroom, TV Room; 4 = Entrance Halls, Corridors, Halls, Staircases; 5 = Additional Bathroom; 6 = Other

Item No.	1. Living Room (Continued)	Yes Pas	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
1.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2. Kitchen						
2.1	Kitchen Area Present					
2.2	Electricity					
2.3	Electrical Hazards					
2.4	Security					
2.5	Window Condition					
2.6	Ceiling Condition					
2.7	Wall Condition					
2.8	Floor Condition					
2.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
2.10	Stove or Range with Oven					
2.11	Refrigerator					
2.12	Sink					
2.13	Space for Storage, Preparation, and Serving of Food					
3. Bathroom						
3.1	Bathroom Present					
3.2	Electricity					
3.3	Electrical Hazards					
3.4	Security					
3.5	Window Condition					
3.6	Ceiling Condition					
3.7	Wall Condition					
3.8	Floor Condition					
3.9	Lead-Based Paint Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?				Not Applicable	
3.10	Flush Toilet in Enclosed Room in Unit					
3.11	Fixed Wash Basin or Lavatory in Unit					
3.12	Tub or Shower in Unit					
3.13	Ventilation					

Previous editions are obsolete

Page 2 of 8

form HUD-52580 (4/2015)
ref Handbook 7420.8

Item No. 4. Other Rooms Used For Living and Halls		Yes Pass	No Fail	In- Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint			<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint			<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location <input type="checkbox"/>	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear	____ Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint			<input type="checkbox"/> Not Applicable		
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					

Item No.	4. Other Rooms Used For Living and Halls	Yes Pass	No Fail	In-Conc.	Comment	Final Approval Date (mm/dd/yyyy)
4.1	Room Code * and Room Location	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
4.1	Room Code* and Room Location	(Circle One) Right/Center/Left		(Circle One) Front/Center/Rear	Floor Level	
4.2	Electricity/Illumination					
4.3	Electrical Hazards					
4.4	Security					
4.5	Window Condition					
4.6	Ceiling Condition					
4.7	Wall Condition					
4.8	Floor Condition					
4.9	Lead-Based Paint				Not Applicable	
	Are all painted surfaces free of deteriorated paint?					
	If not, do deteriorated surfaces exceed two square feet per room and/or is more than 10% of a component?					
4.10	Smoke Detectors					
	5. All Secondary Rooms (Rooms not used for living)					
5.1	None Go to Part 6					
5.2	Security					
5.3	Electrical Hazards					
5.4	Other Potentially Hazardous Features in these Rooms					

Item No.	6. Building Exterior	Yes Pass	No Fail	In - Conc.	Comment	Final Approval Date (mm/dd/yyyy)
6.1	Condition of Foundation					
6.2	Condition of Stairs, Rails, and Porches					
6.3	Condition of Roof/Gutters					
6.4	Condition of Exterior Surfaces					
6.5	Condition of Chimney					
6.6	Lead Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If not, do deteriorated surfaces exceed 20 square feet of total exterior surface area?				Not Applicable	
6.7	Manufactured Home: Tie Downs					
7. Heating and Plumbing						
7.1	Adequacy of Heating Equipment					
7.2	Safety of Heating Equipment					
7.3	Ventilation/Cooling					
7.4	Water Heater					
7.5	Approvable Water Supply					
7.6	Plumbing					
7.7	Sewer Connection					
8. General Health and Safety						
8.1	Access to Unit					
8.2	Fire Exits					
8.3	Evidence of Infestation					
8.4	Garbage and Debris					
8.5	Refuse Disposal					
8.6	Interior Stairs and Common Halls					
8.7	Other Interior Hazards					
8.8	Elevators					
8.9	Interior Air Quality					
8.10	Site and Neighborhood Conditions					
8.11	Lead-Based Paint: Owner's Certification				Not Applicable	

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead -Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

C. Special Amenities (Optional)

This Section is for optional use of the HA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to take them into consideration in decisions about renting the unit and the reasonableness of the rent.

Check/list any positive features found in relation to the unit.

D. Questions to ask the Tenant (Optional)

1. Living Room

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

2. Kitchen

- ☐ Dishwasher
- ☐ Separate freezer
- ☐ Garbage disposal
- ☐ Eating counter/breakfast nook
- ☐ Pantry or abundant shelving or cabinets
- ☐ Double oven/self cleaning oven, microwave
- ☐ Double sink
- ☐ High quality cabinets
- ☐ Abundant counter-top space
- ☐ Modern appliance(s)
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

3. Other Rooms Used for Living

- ☐ High quality floors or wall coverings
- ☐ Working fireplace or stove Balcony, patio, deck, porch Special windows or doors
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

4. Bath

- ☐ Special feature shower head
- ☐ Built-in heat lamp
- ☐ Large mirrors
- ☐ Glass door on shower/tub
- ☐ Separate dressing room
- ☐ Double sink or special lavatory
- ☐ Exceptional size relative to needs of family
- ☐ Other: (Specify)

5. Overall Characteristics

- ☐ Storm windows and doors
- ☐ Other forms of weatherization (e.g., insulation, weather stripping) Screen doors or windows
- ☐ Good upkeep of grounds (i.e., site cleanliness, landscaping, condition of lawn)
- ☐ Garage or parking facilities
- ☐ Driveway
- ☐ Large yard
- ☐ Good maintenance of building exterior
- ☐ Other: (Specify)


6. Disabled Accessibility

Unit is accessible to a particular disability. ☐ Yes ☐ No
Disability

1. Does the owner make repairs when asked? Yes ☐ No ☐
2. How many people live there?
3. How much money do you pay to the owner/agent for rent? \$ _____
4. Do you pay for anything else? (specify) _____
5. Who owns the range and refrigerator? (insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave ☐
6. Is there anything else you want to tell us? (specify) Yes ☐ No ☐

Provide a summary description of each item which resulted in a rating of "Fail" or "Pass with Comments."

Tenant ID Number	Inspector	Date of Inspection (mm/dd/yyyy) Address of Inspected Unit	
Type of Inspection	Initial	Special	Reinspection
Item Number	Reason for "Fail" or "Pass with Comments"		Rating



Continued on additional page

Yes		No	
-----	--	----	--

EXHIBIT E



Worker – you must read this statement to the individual:

My name is _____ and I work with _____

Riverside County is prioritizing individuals for housing assistance through a coordinated entry system

HomeConnect. The information on this form will be stored in our database system at HomeConnect to enable us to link you to any housing as it comes available and that you are eligible for.

It usually takes about 7 minutes to complete.

Please only answer yes or no; or one-word answers.

If you don't understand the questions we can get you more information if you need.

You can skip any questions you don't want to answer.

Please be as honest as possible and just tell us the truth.

No answer is the right or wrong answer. Just be as honest as you can be.

Client Name _____ Date _____



VI-SPDAT Screener and Match Initiation Consent Form

Authorization to Share Protected Health information and Participate in Survey

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the Home Connect system, which include but are not limited to:

- Valley Re Start Shelter
- Path of Life
- Coachella Valley Rescue Mission
- Veteran-service providers*
- Riverside County Departments*
- Supportive Housing providers of Riverside*
- Affiliated Service Providers*
- RUHS Departments*
- Veterans Administration
- Housing Authority - County of Riverside

*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

Initials

_____ I understand that the information from this survey will be entered into a data information System and Performance Management database for Home Connect, as well as the countywide HMIS database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Birth Date
- Gender
- Photo (optional)
- Housing and homelessness history
- Medical and/or Mental Health Treatment history
- Income
- Contact Information
- Additional information used strictly for matching me with suitable housing and/or services

Initials

_____ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the Home Connect/HMIS system. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, can be contacted about my survey.

_____ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

_____ I understand that participating in the Home Connect/HMIS system does not guarantee that I will be called for a housing program.

_____ I understand that the Home Connect/HMIS system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.



VI-SPDAT Screener and Match Initiation Consent Form

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date

Signature (or Mark) of Participant

Printed Name of Participant



County of Riverside Continuum of Care Homeless Management Information System (HMIS) Consent for Release of Information

The County of Riverside Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within Riverside County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your income and sources; and non-cash benefits
- Any history of domestic violence

Who can have access to your information?

Your information will be shared with other County of Riverside Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of Riverside Continuum of Care HMIS is available upon request.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- You have the right to receive services, even if you do not sign this consent form.
- You have a right to receive a copy of this consent form.
- You have the right to revoke your consent, in writing, at any time. The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.
- This consent and release is valid for seven (7) years after the date of signature below, unless I revoke my consent in writing.
- You have the right to file a grievance with any HMIS participating agency.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your dependent children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

_____	_____	_____
CLIENT NAME	SIGNATURE OF CLIENT	DATE

_____	_____	_____
SPOUSE NAME	SIGNATURE OF SPOUSE	DATE

List all dependent children under 18 in household (if any):

_____	_____	_____
_____	_____	_____

☐ I DO NOT WISH TO PARTICPATE IN HAVING MY PERSONAL INFORMATION SHARED IN THE HMIS SYSTEM

_____	_____	_____
NAME OF ORGANIZATION STAFF	ORGANIZATION NAME	DATE

TO REVOKE CONSENT:

I, _____ revoke consent as of _____

SIGNATURE OF CLIENT	DATE
---------------------	------

Organization Staff: _____ Date: _____

County of Riverside Department of Public Social Services Website: <http://dpss.co.riverside.ca.us/homeless-programs>

County of Riverside CoC – HMIS Consent for Release of Information – Approved 11/15/17

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

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

Administration

Interviewer's Name	Agency	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY	Survey Time	Survey Location

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 or the assessor does not understand the 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

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

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

0

A. History of Housing and Homelessness

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

- ☐ Shelters
☐ Transitional Housing
☐ Safe Haven
☐ Outdoors
☐ Other (specify): _____
☐ Refused

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

SCORE:

1

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

Year

☐ 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:

0

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 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? ☐ Refused

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

SCORE:

0

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:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

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

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

8. Does anybody force or trick you to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
9. 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? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

C. Socialization & Daily Functioning

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

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

0

12. 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:

0

13. 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:

0

14. 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? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ Y ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused
17. 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
18. 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
19. When you are sick or not feeling well, do you avoid getting help? ☐ Y ☐ N ☐ Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? ☐ Y ☐ N ☐ N/A or Refused

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

SCORE:

0

21. 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
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

23. 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
24. 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:

0

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

SCORE:

0

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? -- Y -- N -- Refused
26. 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:

27. 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? -- Y -- N -- Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
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?	-- Yes -- No -- Refused
Are you a veteran: YES ____ NO ____ How long have you been in this area? _____ Where did you live before you came to this area? _____	
Gender: ____ Male ____ Female ____ Transgender male to female ____ Transgender female to male ____ Doesn't know ____ Refused ____ Does not identify as male, female, or transgender	
Race: ____ American Indian or Alaska Native ____ Native Hawaiian or Other Pacific Islander ____ Black or African American ____ White ____ Asian ____ Doesn't know ____ Client refused	
Ethnicity: ____ Hispanic / Latino ____ Non-Hispanic / Non-Latino ____ Doesn't know ____ Refused	

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Family Version 2

Worker – you must read this statement to the individual:

My name is _____ and I work with _____.

Riverside County is prioritizing individuals for housing assistance through a coordinated entry system

HomeConnect. The information on this form will be stored in our database system at HomeConnect to enable us to link you to any housing as it comes available and that you are eligible for.

It usually takes about 7 minutes to complete.

Please only answer yes or no; or one-word answers.

If you don't understand the questions we can get you more information if you need.

You can skip any questions you don't want to answer.

Please be as honest as possible and just tell us the truth.

No answer is the right or wrong answer. Just be as honest as you can be.

Client Name _____ Date _____



VI-SPDAT Screener and Match Initiation Consent Form

Authorization to Share Protected Health Information and Participate in Survey

Participant Last Name	Participant First Name	DOB (mm/dd/yyyy)
-----------------------	------------------------	------------------

Please initial below if you agree with the following statements:

_____ I agree to allow my responses to this survey or these surveys to be disclosed and received by the organizations that participate in the Home Connect system, which include but are not limited to:

- Valley Re Start Shelter
- Path of Life
- Coachella Valley Rescue Mission
- Veteran-service providers*
- Riverside County Departments*
- Supportive Housing providers of Riverside*
- Affiliated Service Providers*
- RUHS Departments*
- Veterans Administration
- Housing Authority - County of Riverside

*For a complete list of participating agencies, please contact Home Connect at 800-498-8847

Initials

_____ I understand that the information from this survey will be entered into a data information System and Performance Management database for Home Connect, as well as the countywide HMIS database. My personal information will be kept in accordance with all federal, state and local laws and regulations related to protecting personal information.

_____ I understand that the following information can be shared with participating agencies in Riverside County as needed to help me find appropriate housing and services:

- Name
- Birth Date
- Gender
- Photo (optional)
- Housing and homelessness history
- Medical and/or Mental Health Treatment history
- Income
- Contact Information
- Additional information used strictly for matching me with suitable housing and/or services

Initials

_____ I allow my case manager or outreach worker to enter my responses to the interview survey questions into a secure database – the Home Connect/HMIS system. My signature below signifies my permission.

_____ I, or my outreach worker/case manager, can be contacted about my survey.

_____ I understand that the information I provide will be used to determine if I am eligible for participating housing, services or related programs.

_____ I understand that participating in the Home Connect/HMIS system does not guarantee that I will be called for a housing program.

_____ I understand that the Home Connect/HMIS system will act as the agency that matches my information against eligibility requirements of housing that becomes available for which I may be eligible.



VI-SPDAT Screener and Match Initiation Consent Form

Important Rights and Other Required Statements You Should Know

- You may revoke this authorization at any time. All participating organizations of the Home Connect/HMIS system agree to use information provided to only link clients with housing or supportive service options.
- This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- You have a right to a copy of this authorization once you have signed it.

SIGN BELOW IF AGREEING TO BE INTERVIEWED

Your signature (or mark) below indicates that you have read (or have been read) the information provided above, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights.

Date	Signature (or Mark) of Participant	Printed Name of Participant
------	------------------------------------	-----------------------------



**County of Riverside Continuum of Care
Homeless Management Information System (HMIS)
Consent for Release of Information**

The County of Riverside Continuum of Care Homeless Management Information System (HMIS) is an electronic database that securely records information (data) about clients accessing housing and homeless services within Riverside County. This organization participates in the HMIS database and shares information with other organizations that use this database. This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. The information you provide for the HMIS database helps us coordinate the most effective services for you and your household members.

What information is shared in the HMIS Database?

- Your Name
- Your Date of Birth
- Your Social Security Number
- Your Gender
- Your Ethnicity
- Your Race
- Your Veteran Status
- Your history of homelessness and housing (including your current housing status, and where and when you have accessed services)
- Your household composition
- Your self-reported medical history (including any physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem or substance abuse)
- Your disability status
- Your health insurance
- Your income and sources; and non-cash benefits
- Any history of domestic violence

Who can have access to your information?

Your information will be shared with other County of Riverside Continuum of Care HMIS participating agencies (both public and private) that agree to maintain the security and confidentiality of the information. These organizations may include homeless service providers, housing groups, healthcare providers and any other appropriate service providers. A list of participating agencies within the County of Riverside Continuum of Care HMIS is available upon request.

How is your personal information protected?

The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth of federal, state, and local regulations governing confidentiality of client records. Each person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information. HMIS data is secured by passwords and encryption technology.

BY SIGNING THIS FORM, I UNDERSTAND AND AGREE THAT:

- The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only shared with participating agencies, who have entered into an HMIS Agency Participating Agreement.
- You have the right to receive services, even if you do not sign this consent form.
- You have a right to receive a copy of this consent form.
- You have the right to revoke your consent, in writing, at any time. The revocation will not apply to information that has already been shared or until the provider receives the revocation. Upon receipt of your revocation, we will remove your Personal Protected Information (PPI) from the shared HMIS database.
- This consent and release is valid for seven (7) years after the date of signature below, unless I revoke my consent in writing.
- You have the right to file a grievance with any HMIS participating agency.

SIGNATURE AND ACKNOWLEDGEMENT

Your signature below indicates that you have read (or been read) this client consent form, have received answers to your questions, and you freely consent to have your information, and that of your dependent children (if any), entered into the HMIS database. You also consent to share your information with other participating organizations as described in this consent form.

_____ CLIENT NAME	_____ SIGNATURE OF CLIENT	_____ DATE
----------------------	------------------------------	---------------

_____ SPOUSE NAME	_____ SIGNATURE OF SPOUSE	_____ DATE
----------------------	------------------------------	---------------

List all dependent children under 18 in household (if any):

_____	_____	_____
_____	_____	_____

☐ I DO NOT WISH TO PARTICIPATE IN HAVING MY PERSONAL INFORMATION SHARED IN THE HMIS SYSTEM

_____ NAME OF ORGANIZATION STAFF	_____ ORGANIZATION NAME	_____ DATE
-------------------------------------	----------------------------	---------------

TO REVOKE CONSENT:

I, _____ revoke consent as of _____
SIGNATURE OF CLIENT DATE

Organization Staff: _____ Date: _____

County of Riverside Department of Public Social Services Website: <http://dpss.co.riverside.ca.us/homeless-programs>

County of Riverside CoC – HMIS Consent for Release of Information – Approved 11/15/17

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

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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Administration

Interviewer's Name _____	Agency _____	<input type="radio"/> Team <input type="radio"/> Staff <input type="radio"/> Volunteer
Survey Date DD/MM/YYYY _____	Survey Time _____	Survey Location _____

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

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY _____	Age _____	Social Security Number _____
	Consent to participate <input type="radio"/> Yes <input type="radio"/> No		
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY _____	Age _____	Social Security Number _____
Consent to participate <input type="radio"/> Yes <input type="radio"/> No			
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1			SCORE: _____

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

Children

1. How many children under the age of 18 are currently with you? ☐ Refused
2. 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? ☐ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? ☐ Y ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

SCORE:

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.

0

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ Outdoors
 - ☐ Other (specify):
 - ☐ Refused

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

SCORE:

1

6. How long has it been since you and your family lived in permanent stable housing? Year ☐ Refused
7. In the last three years, how many times have you and your family been homeless? ☐ Refused

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

SCORE:

0

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ☐ Refused
- f) 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? ☐ Refused

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

SCORE:

0

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Y ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themselves 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:

0

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

0

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ Y ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they 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:

0

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ Y ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ N ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

0

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

17. Is everyone in your family 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:

0

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Y ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

0

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ Y ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ Y ☐ N ☐ Refused

21. 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 or anyone in your family? ☐ Y ☐ N ☐ Refused

22. Does anyone in your family 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

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

26. Has your family 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

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use? ☐ Y ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.

SCORE:

0

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

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

SCORE:

0

31. YES OR NO: Has your family's 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 or anyone in your family have experienced? ☐ Y ☐ N ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.

SCORE:

0

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

0

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

0

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

0

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

0

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Are you a veteran: YES ____ NO ____	
How long have you been in this area? _____	
Where did you live before you came to this area? _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to Female <input type="checkbox"/> Female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Does not identify as male, female, or transgender	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Doesn't know <input type="checkbox"/> Black or African American <input type="checkbox"/> Client refused <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Ethnicity: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non-Hispanic / Non-Latino <input type="checkbox"/> Doesn't know <input type="checkbox"/> Refused	