



Authorization to Use or Disclose Protected Health Information (PHI)

Section 1. Who is the Individual?

Last Name:	First Name:	Middle Initial
Provider Completing Assessment:	Date of Birth:	Social Security Number:

I hereby authorize the use or disclosure of protected health information about the individual named above.

I am: the individual named above (complete Section 8 below to sign this form)

a personal representative because the patient is a minor, incapacitated, or deceased (complete Section 9 below)

Section 2. Who Will Be Disclosing Information About the Individual?

The following person(s) or entity may use or disclose the information:

All providers within the Washington, D.C. continuum of care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)

Section 3. Who Will Be Receiving Information About the Individual?

The information may be disclosed to:

All providers within the Washington, D.C. Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)

Section 4. What Information About the Individual Will Be Disclosed?

The information to be disclosed may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

The information to be disclosed, including behavioral health and/or substance abuse services, includes the following:

All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment, including:

- A. History of Housing and Homelessness
- B. Risks
- C. Socialization and Daily Functioning
- D. Wellness

All information contained within the Service Prioritization Decision Assistance Tool (SPDAT), including:

- A. Self-Care and Daily Living Skills
- B. Meaningful Daily Activity
- C. Social Relationships and Networks
- D. Mental Health and Wellness
- E. Physical Health and Wellness
- F. Substance Use
- G. Medication
- H. Personal Administration and Money Management
- I. Personal Responsibility and Motivation
- J. Risk of Personal Harm/Harm to Others
- K. Interaction with Emergency Services
- L. Involvement in High Risk and/or Exploitive Situations
- M. Legal
- N. History of Homelessness and Housing
- O. Managing Tenancy

Section 5. What is the Purpose of the Disclosure?

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT and SPDAT are tools to help guide those assessed to the appropriate services, assist with the case planning process and track changes over time – for those clients that are referred to a case management team as a result of their SPDAT score.

Section 6. What is the Expiration Date or Event?

This authorization will expire 1 year from the date this document was signed in Section 8 or Section 9 below.

Section 7. Important Rights and Other Required Statements You Should Know

- ❖ You can revoke this authorization at any time by writing to The Community Partnership for the Prevention of Homelessness, at 801 Pennsylvania Avenue SE Suite 360, Washington, D.C. 20003. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ❖ The information disclosed based on this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ If you refuse the authorization or revoke the authorization, you will continue to receive all the medical care and benefits for which you are eligible. You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services and these cannot be a conditioned on signing this authorization.
- ❖ The unauthorized disclosure of mental health information violates the provisions of the District of Columbia Mental Health Information Act of 1978 (§§ 7-1201.01 to 7-1207.02). Disclosures may only be made pursuant to a valid authorization by the client or as provided in title III or IV of that Act. The Act provides for civil damages and criminal penalties for violations.
- ❖ 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. Please keep a copy for your records, or you may ask us for a copy at any time by writing to The Community Partnership for the Prevention of Homelessness, at 801 Pennsylvania Avenue SE Suite 360, Washington, D.C. 20003.
- ❖ If you have any questions about anything on this form, or how to fill it out, we can help. Please call The Community Partnership for the Prevention of Homelessness, at 202-543-5298.

Section 8. Signature of the Individual

Signature _____ Date (required) _____

Section 9. Signature of Personal Representative (if applicable)

Signature _____ Date (required) _____

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): _____

NOTICE TO RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Administration

Interviewer's Name	Agency	Survey Location (D.C. or County Name):
_____	_____	_____
Interviewer's Work Phone Number	Interviewer's Work Email Address	
_____	_____	
Survey Date: MM/DD/YYYY ____/____/_____	Survey Time ____ : ____ AM/PM	Outreach Only: Location Coordinates _____
		include cross streets with quadrants (NE/NW/SE/SW)

Opening Script

Every assessor in our community regardless of organization completing the VI-SPDAT should use the same introductory script. That script should include the following information:

"My name is [] and I work for a group called []. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources you might be eligible for.

Would you like to take the survey with me?"

If "yes," ask the individual to sign the Release of Information before proceeding

"If at any point you don't understand what I am really asking, just let me know and I will help you understand what I want to know. Let's start with the first question..."

Basic Information

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

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters Other (specify): _____
- Transitional Housing Refused
- Outdoors (inclusive of all places not meant for habitation, including streets, sidewalks, doorways, car, bus or subway, park or abandoned buildings)

2. How long has it been since you lived in permanent stable housing? (*in months*) _____ Refused
3. In the last three years...
- A) How many times have you been homeless? _____ Refused
- B) What is the total number of months you have lived on the streets or in shelters? _____ Refused
- C) Have you been continually homeless for at least a year? Yes No Refused

B. Risks

4. In the past six months, -- *count back with the month: "since []"* -- 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 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 offense, or anything in between? _____ Refused
5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
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? Yes No Refused
8. Does anybody force or trick you to do things that you do not want to do? Yes No 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? Yes No Refused

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? Yes No 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? Yes No Refused
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
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? Yes No Refused
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? Yes No Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program or other place you were staying because of your physical health? Yes No Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No 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? Yes No 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? Yes No Refused
19. When you are sick or not feeling well, do you avoid getting help? Yes No Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Yes No NA or Refused
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? Yes No Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
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? Yes No Refused
- B) A past head injury? Yes No Refused
- C) A learning disability, developmental disability or other impairment? Yes No 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? Yes No Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused
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? Yes No Refused

Follow-Up Questions

Finally, I'd like to ask you some questions to help us better understand homelessness, your eligibility for certain housing programs, and to improve housing and support services.

What is your gender?

Male Female Transgender

Other (specify): _____

Doesn't Know Refused

Have you ever served in the U.S. Military?

Yes No Refused

If yes, which war/war era did you serve in?

World War II (1940–1945)

Korean War (June 1950–January 1955)

Vietnam Era (August 1964–April 1975)

Post Vietnam (May 1975–July 1991)

Persian Gulf Era (August 1991–Present)

Afghanistan (2001–Present)

Iraq (2003–Present)

Other peace-keeping operations/military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

Other (specify): _____

Refused

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

SINGLE ADULTS

AMERICAN VERSION 2.0

If yes, what was the character of your discharge?

- Honorable General Under Honorable Conditions
- Other than Honorable Bad Conduct Dishonorable
- Still on Active Duty Refused

If yes, were you in the reserves?

- Yes No Refused

For reservists only, how long did you serve?

_____ (in months)

What is your citizenship status?

- Citizen Permanent Legal Resident Undocumented
- Asylee, Refugee or Other Eligible Immigrant Refused

Have you ever been in foster care?

- Yes No Refused

Have you ever been in jail or prison?

- Yes No Refused

What kind of health insurance do you have, if any? (select all that apply)

- Medicaid Medicare VA Medical Services Private Pay
- State Health Insurance Program for Adults
- State Children's Health Insurance Program
- Employer Provided Health Insurance None
- Other (specify): _____

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

- Yes No Refused

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

- Yes No Refused

If you have any money coming in on a regular basis, can you provide me with the name and amount of each income source?

Monthly Income Source(s): _____
 Monthly Income Amount(s): _____

Are you waiting to hear back about SSI, SSDI or other disability benefit applications?

- Yes No Refused

On a regular day, where is it easiest to find you and what time of day is easiest to do so?
 (If someone really needed to contact you about an important issue, where and when would they find you?)
Surveyor: please collect multiple locations and the individual's schedule, including where they sleep, when they arrive each night, when they leave each morning, where they obtain meals, and where they reside during the day

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Do you have any other agencies or case workers that might be able to get in touch with you?

Agency Name(s): _____ Phone: _____
 Staff Name(s): _____ 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