

The RI Continuum of Care (RI CoC) is comprised of a network of government agencies and non-profit organizations that provide shelter, housing, and other services to individuals and families who are homeless. In order to provide you with the best services possible, it is important that all of the agencies working with you are able to share information in order to plan and coordinate the services that you need. Only authorized staff that perform case management and/or administrative functions, may exchange information about you in written form (on paper) or verbally (through conversations or telephone calls) or electronically (through a shared database). We must have your written permission to share this information. Your signature on this authorization allows homeless service agencies to share your information in order to give you the best services possible. A list of these agencies is available upon request.

I authorize the RI CoC to share the following information about me with member agencies. All staff members accessing information are trained in confidentiality procedures. All RI CoC network members have signed agreements to treat personal information confidentially.

The following information A) is available only to authorized staff who need to access the shared database in order to identify clients in their projects as well as to case managers and administrators:

A) Personal identifying information, such as my name, date of birth, and social security number.

The following information B) can be shared only among authorized staff that perform case management and/or administrative functions:

B) Income and assets, public benefits, health insurance, housing and employment history, educational background, incarceration history, probation status, behavioral health information, mental health treatment history, physical health information, and past use of homeless services and contacts with network members.

Because the network receives funding from the federal government, we must collect the following information C), which will be stored in a database maintained by Bowman Systems Inc. Aggregate information will be included in reports required by the U.S. Department of Housing and Urban Development but neither you nor your family members will be individually identified in any of these reports.:

C) Name; birth date, social security number; gender; ethnicity and race; veteran status, disability status, and prior living situation.

I understand that signing this form does not guarantee that I will receive assistance. Refusing to sign this form will not disqualify me from receiving basic services although some programs will have additional eligibility and information sharing requirements that I will need to meet. I understand that I may withdraw this consent at any time by submitting a written request to the program named below. The withdrawal will become effective on the date signed and does not apply to information that has already been disclosed.

This authorization is valid until I withdraw it in writing.

Client name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Program/Agency (print): \_\_\_\_\_ Date: \_\_\_\_\_

## Rhode Island Continuum of Care Authorization to Share Information

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Client name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Witness name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Program/Agency (print): \_\_\_\_\_ Date: \_\_\_\_\_

## **FACT Sheet: RI Homeless Management Information System (HMIS)**

*We will enter information you provide to us into a computer program called ServicePoint. We are doing this for several reasons:*

- *To find out what we need to end homelessness in Rhode Island;*
- *To provide better service;*
- *To receive federal funds.*

### **IMPORTANT POINTS ABOUT HOW YOUR INFORMATION WILL BE USED**

- *We will use ServicePoint to keep a record of your contact with our agency.*
- *We will not share **any** information **without your written permission** through a signed client consent form that allows us to share client profile information with collaborating agencies. This means that you will not have to provide the same information at more than one intake.*

### **HOW WILL MY INFORMATION BE KEPT SECURE?**

*We have done several things to make sure that your information is kept safe and secure:*

- *The computer program we use has the highest security protection available;*
- *Any information that could identify you, like your name, SS# or birth-date, will be viewed only by people working to provide services to you, and will be removed before reports are issued to local, state, or national agencies;*
- *All employees agree to follow privacy rules before using the system.*

### **KNOW YOUR RIGHTS**

*You have the following rights:*

- *To see a report of your records within 48 hours.*
- *To have your record changed so that information is up-to-date and correct.*
- *To refuse consent and still receive services.*
- *To file a complaint about how the system was used.*

*To file a complaint, write to: HMIS Steering Committee, Attn: Don Larsen, RI Coalition for the Homeless, 1070 Main Street Pawtucket, RI 02860 or Call (401) 721-5685 Ext. 25 for an appointment*

## Administration

<b>Interviewer's Name</b>	<b>Agency</b>	<b>Team</b>
_____	_____	Staff Volunteer
<b>Survey Date</b>	<b>Survey Time</b>	<b>Survey Location</b>
DD/MM/YYYY _____	_____ AM/PM	_____

## 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

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

<b>RACE</b> _____
<b>GENDER</b> _____
<b>ETHNICITY</b> _____
Have you ever served in the U.S. MILITARY YES _____ NO _____

## A. History of Housing and Homelessness

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

Shelters                      Transitional Housing                      Safe Haven

Outdoors                      Refused

Other (specify) \_\_\_\_\_

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

3. In the last three years, how many times have you been homeless? \_\_\_\_\_ Refused

## 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

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

- |  |   |   |         |
|--|---|---|---------|
| 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 |
| 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 |

### 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 |
| 12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?   | Y | N | 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?                      | Y | N | 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? | Y | N | 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?  | 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. <i>FOR FEMALE RESPONDENTS ONLY:</i> Are you currently pregnant?   | Y | N | N/A 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?  | Y | N | Refused        |
| 22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  | Y | N | 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?  | 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        |

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

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

Initials of the person _____ Surveyor Initials _____  Make up a 6 Digit Random Number _____
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**Surveyor, please email photo to [photoszero2016ri@gmail.com](mailto:photoszero2016ri@gmail.com) with the initials of the person interviewed plus the Surveyor initials and your 6 digit random number in the subject line. Please delete the photo immediately after sending.**

### 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                      Refuse