

# HMIS Triage Assessment

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

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

Staff Completing HMIS Form: \_\_\_\_\_

Identification - All fields required unless otherwise noted	
First Name	Middle Name
Last Name	Suffix
Social Security Number (SSN)	Birth Date (DOB)
_____-_____-_____	____/____/____
Triage Assessment	
<b>Assessment Location?</b> <input type="checkbox"/> Stanislaus Community System of Care	<b>Assessment Type?</b> <input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In Person
Information Date: ____/____/____	Triage Assessment Collection Point: <input type="checkbox"/> Entry <input type="checkbox"/> Update <input type="checkbox"/> Exit
Current Living Situation	
<b>1. Homeless Situations</b> <input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher or RHY funded Host Home shelter <input type="checkbox"/> Safe Haven	
Contact Service Information	
Contact Service: <input type="checkbox"/> Case Management	Geolocation: <input type="checkbox"/> (Reminder to check box in HMIS)
Additional Questions	
1a. Is there violence or conflict in the place you were staying last night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1b. Is your health or safety at risk in the place you were staying last night?	<input type="checkbox"/> Yes, continue to 1c <input type="checkbox"/> No, continue to 1d <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1c. Do you have another place to go?	<input type="checkbox"/> Yes, continue to 1d <input type="checkbox"/> No, Special intervention likely needed. If DV may not be able to use HMIS (comment) _____ <input type="checkbox"/> NA <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
1d. How long could you potentially stay?	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more but less than a month <input type="checkbox"/> One month or more but less than 90 days <input type="checkbox"/> 90 Days or more, but less than a year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
Prioritization Status:	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list
<p><b>*SEE ADDITIONAL CURRENT LIVING SITUATIONS ON THE REVERSE SIDE*</b></p>	

<b>1. Institutional Situations</b> <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center		<b>Permanent Housing Situations</b> <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, with no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy			
<b>Temporary Housing Situations</b> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friends, room apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house		<b>Other</b> <input type="checkbox"/> Other: _____ <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client refused <input type="checkbox"/> Client doesn't know			
<b>Is client going to have to leave their current living situation within 14 days?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No, continue to contact service information	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Has a subsequent residence been identified?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Does individual or family have resources or support networks to obtain other permanent housing?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Has the client moved 2 or more times in the last 60 days?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	
<b>Contact Service Information</b>					
<b>Contact Service:</b> <input type="checkbox"/> Case Management		<b>Geolocation:</b> <input type="checkbox"/> (Reminder to check box in HMIS)			
<b>Additional Questions</b>					
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