



Release of Information

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. IF YOU HAVE ANY QUESTIONS OR DESIRE ANY FURTHER INFORMATION REGARDING THIS FORM, PLEASE CONTACT THE UNITY PROJECT MANAGER AT 813.223.6115.

In order to best serve your needs to develop meaningful treatment plans, to determine your continuing eligibility for services, and to monitor your progress in complying with the terms of your shelter, housing or other services, Agency and the Continuum of Care need to exchange, share, and/or release data, information or records they may collect about you.

The information contained in your case records with any Agency is considered confidential and privileged and cannot be exchanged, shared and or/released without your express and informed written consent, except where otherwise authorized by law. Please understand that access to shelter, housing and services is available without your consent for the release of the information. However, your consent, although optional, is a critical component of our community's ability to provide the most effective services and housing possible.

I understand that:

- This Agency may not condition the provision of services to me on my signing this consent/authorization (this Agency may not refuse to serve me simply because I do not want my information shared with other agencies).
- This form specifically authorizes the use of information about me in research conducted using information maintained in UNITY Information Network. I will not be personally identified by name, social security number, or any other unique characteristic in published research reports. The type of research that will be conducted using this information includes reports on the number and characteristics of people using different types of services, the effectiveness of services, and changes in patterns over time.
- If I give permission, the UNITY Information Network allows information about me, including my photograph, to be shared with other UNITY Information Network Partner Agencies. This may include, but is not limited to, all of the information collected on the Tampa/Hillsborough CoC Universal Intake, household information, program entry/exit information, case manager and case plan information, information captured in the SSOM (Self Sufficiency Outcome Matrix), service transaction information, homeless verification, information regarding education and employment background, income, program eligibility and participation, any additional profile information and personal history. The purpose of sharing information this way is to help the agencies that I seek services from obtain information about me more quickly, assist with my case management, and to help connect me with the services I need.
- Unless I place restrictions, in writing, on the agencies that may see information about me, all UNITY Partner Agencies will be able to see the information that this Agency puts into UNITY Information Network. Upon my request, this Agency must show me a list of the agencies participating in the UNITY Information Network at the time I sign this consent/authorization.
- Agencies that join UNITY Information Network after I sign this consent/authorization also will have access to the personal information that I authorize for data sharing. This Agency must make reasonable accommodations to allow me to view the updated list of UNITY Partner Agencies so long as my consent remains in effect.
- I understand that I have the right to inspect, copy, and request all records maintained by Agency relating to the provision of services provided by Agency to me and to receive copy of this form. I understand that my records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise authorized by law.
- I understand that this consent/authorization can be revoked by me at any time in writing by delivering a dated and signed written request to this Agency. I understand that my consent will automatically expire seven (7) years from the date of this form in the event that I do not revoke my consent earlier. However, I understand and acknowledge that regardless of the expiration or revocation of my consent, such as expiration or revocation (as the case may be) shall not apply to any of my data or information that has already been collected.

I have read this document or it was read and/or explained to me and I fully understand and agree with the terms of this document.

PRINT CLIENT NAME

SIGNATURE OF CLIENT OR GUARDIAN

DATE

SIGNATURE OF WITNESS

DATE

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

Prescreen for Single Adults

GENERAL INFORMATION/CONSENT

Interviewer's Name		Agency <input type="checkbox"/> TEAM <input type="checkbox"/> STAFF <input type="checkbox"/> VOLUNTEER	
Date	Time	Location	
In what language do you feel best able to express yourself?			
First Name		Last Name	
Nickname		Social Security Number	
How old are you?	What's your date of birth?	Has Consented to Participate <input type="checkbox"/> YES <input type="checkbox"/> NO	
If 60 years or older, then score 1.			Prescreen Score
PRE-SCREEN GENERAL INFORMATION SUBTOTAL			

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced two or more cumulative years of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. What is the total length of time you have lived on the streets or in shelters?		<input type="checkbox"/>	
2. In the past three years, how many times have you been housed and then homeless again?		<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			



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Prescreen for Single Adults

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS				
If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score 1.	RESPONSE		REFUSED	Prescreen Score
3. In the past six months, how many times have you been to the emergency department/room?			<input type="checkbox"/>	
4. In the past six months, how many times have you had an interaction with the police?			<input type="checkbox"/>	
5. In the past six months, how many times have you been taken to the hospital in an ambulance?			<input type="checkbox"/>	
6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?			<input type="checkbox"/>	
7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?			<input type="checkbox"/>	
If YES to questions 8 or 9, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 10, then score 1.	YES	NO	REFUSED	Prescreen Score
10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 11 or 12; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 13, then score 1.	YES	NO	REFUSED	Prescreen Score
11. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. 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 really know, share a needle, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				



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Prescreen for Single Adults

C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS				
If YES to question 14 or NO to questions 15 or 16, score 1.	YES	NO	REFUSED	Prescreen Score
14. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Do you have enough money to meet all of your expenses on a monthly basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 17, score 1.	YES	NO	REFUSED	Prescreen Score
17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 18 or 19, score 1.	YES	NO	REFUSED	Prescreen Score
18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
20. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				



Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Single Adults

D. WELLNESS

QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
21. Where do you usually go for healthcare or when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 22 through 25 (Medical Conditions), score 1.				
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED	Medical Conditions
22. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. History of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 26 to 34, then mark "X" in Other Medical Condition column.	YES	NO	REFUSED	Other Medical Conditions
26. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:	<input type="checkbox"/>	<input type="checkbox"/>		
34. Surveyor, do you observe signs or symptoms of a serious health condition?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 35 through 41, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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Prescreen for Single Adults

40. Have you blacked out because of your alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:				
41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 42 through 48, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
42. Ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
44. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
45. Had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46. Ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
47. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:				
48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity
If YES to question 49, score 1.	YES	NO	REFUSED	Prescreen Score
49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 50, score 1.	YES	NO	REFUSED	Prescreen Score
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE-SCREEN TOTAL		<p style="color: red; font-weight: bold;">If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p style="color: red; font-weight: bold;">If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p style="color: red; font-weight: bold;">If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>



VI-SPDAT Additional Information for Outreach

UNITY ID# _____

Gender: Male Female Transgender (circle M to F / F to M) Don't Know Refused Other

If female Are you pregnant? YES / NO / Don't Know / Refused **If yes, projected date of birth:** ___/___/___

Resident of: City of Tampa Hillsborough County

HOUSING Status:

Literally Homeless Stably Housed Don't Know
 Imminently losing their housing Refused Unstably housed and at-risk of losing their housing

Is client homeless (literal definition)? YES / NO

Chronically Homeless Note: Single Individual or Household with at least one member who is: DISABLED, and HOMELESS for 1 year consecutively OR HOMELESS at least 4 times in the past 3 years. Is client chronically homeless? YES / NO

US Military Veteran? YES / NO / Don't Know / Refused

If client is a US Veteran, complete the following Military Discharge Type :

Honorable General Bad Conduct
 Dishonorable Refused Don't Know
 Medical Other

Disabling of long duration? YES / NO / Don't Know / Refused

If client has a disability, you must complete the Disabilities Sub-Assessment below:

Disability Type

Alcohol Abuse Developmental Physical Dual Diagnosis
 Both Alcohol & Drug Abuse Drug Abuse HIV/AIDS Other (list below)
 Chronic Health Condition Physical/Medical Hearing Impaired
 Mental Health Problem Vision Impaired

Income received from any source in the past 30 days? YES / NO / Don't Know / Refused

If ANY income was received in the past 30 days you must complete the Income Sub-Assessment below:

Source of Income:

\$ _____ Veteran's Disability Payment	\$ _____ Private Disability Insurance
\$ _____ Alimony or Other Spousal Support	\$ _____ Railroad Retirement
\$ _____ Annuities	\$ _____ Rental Income
\$ _____ Child Support	\$ _____ Retirement Disability
\$ _____ Contributions from other people	\$ _____ Retirement Income from Social Security
\$ _____ Dividends (Investments)	\$ _____ Self Employment Wages
\$ _____ Earned Income	\$ _____ SSDI
\$ _____ Family Assistance	\$ _____ SSI
\$ _____ General Assistance	\$ _____ State Disability
\$ _____ Interest (Bank)	\$ _____ TANF
_____ No Financial Assistance	\$ _____ Unemployment Insurance
\$ _____ Other	\$ _____ Veteran's Pension
\$ _____ Pension from a Former Job	\$ _____ Workers' Compensation
\$ _____ Pension/Retirement	

Employed? YES / NO / Don't Know / Refused

Domestic Violence victim/survivor? YES / NO / Refused / Don't Know

Were you ever in foster care? YES / NO / Don't Know / Refused

Which language do you prefer? English/Spanish (circle one)

Contact Information Client Phone Number (____) ____-____ Client email: _____

Emergency Contact Name _____ Contact phone number (____) ____-____

Location Client Frequents _____ Time of Day Location is Frequented _____

I certify the information provided above is true and complete to the best of my knowledge. I know I am subject to criminal prosecution if false information is given. I understand the information I provide is protected according to the UNITY Release of Information form and can only be accessed and/or released in accordance with that Agreement.

Client Signature

Date