

Confidential CES Application - Prioritization Inclusion Form

Client/Family Unique Identifying Number: _____

Assessment Date: _____

Length of current episode of homelessness:

- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer

Number of times homeless in the past 3 years, including today:

- One time
- Two times
- Three times
- Four or more times

Number of months homeless in the past 3 years: _____

Approximate date homelessness started: _____

Which of the following apply to anyone in the household (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Serious Mental Illness | <input type="checkbox"/> Convicted of Arson |
| <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> HIV/AIDS+ | <input type="checkbox"/> Registered Sex Offender |
| <input type="checkbox"/> Other Disability | <input type="checkbox"/> Domestic Violence Survivor |

Pre-Screen Total VI-SPDAT (or F-VI-SPDAT) Score: _____

Is this an Individual or Family VI-SPDAT score? _____

of adults in household _____ # of children in household _____

Please indicate Client/Family Preference:

_____ Minimum # of Bedrooms Accessibility Needs: Yes / No (circle choice)
If yes, specify: _____

Pet Friendly Unit: Yes / No (circle choice)

Please check all housing interventions that apply:

_____ Substance Abuse Treatment _____ Transitional Housing
_____ Rapid Re-Housing _____ Permanent Supportive Housing
_____ Safe Haven (First Home/Blue Triangle) Other _____

*****For Veteran Clients Only*****

_____ VA - SSVF _____ VA - Grant Per Diem
_____ VA - HUD-VASH

The following documentation is on file for eligibility purposes (if applicable). This is not required at the time of the assessment but must be obtained prior to housing placement:

- Disability documentation (for PSH projects only)
- Verification of homelessness
- Chronic homelessness documentation

Homeless Service Provider Name:

Employee Performing VI-SPDAT/F-VI-SPDAT Signature: _____

Date: _____

Forward completed form to CES@CHIPINDY.org within 48 hours of intake