

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

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

Staff Name: \_\_\_\_\_

# HMIS Triage Assessment

Identification – All fields required unless otherwise noted	
First Name: _____	Middle Name: _____
Last Name: _____	Suffix: _____
Social Security Number (SSN): _____	
Birth Date (DOB): _____/_____/_____	
Triage Assessment	
Assessment Location?	Assessment Type?
<input type="checkbox"/> Stanislaus Community System of Care	<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	
1. Living Situation	
<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Car/Truck/Van <input type="checkbox"/> RV <input type="checkbox"/> Other	
<input type="checkbox"/> Emergency Shelter, including hotel voucher or Host Home Shelter	
<input type="checkbox"/> Safe Haven	
<i>*If selection made, continue to Contact Service</i>	
Institutional Situation	
<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
<i>*If selection made, continue to question 2</i>	
Temporary Housing	
<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 family member's room apartment, or house	<input type="checkbox"/> Staying or living in a friend's room, apartment, or house
<i>*If selection made, continue to question 2</i>	
Permanent Housing	
<input type="checkbox"/> Rental by client, with no ongoing housing subsidy	
<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	
<b>Subsidy Type:</b>	
<input type="checkbox"/> GPD TIP housing subsidy	<input type="checkbox"/> VASH housing subsidy
<input type="checkbox"/> RRRH or equivalent subsidy	<input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated)
<input type="checkbox"/> Public Housing Unit	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Emergency Housing Voucher	<input type="checkbox"/> Family Unification Program Voucher (FUP)
<input type="checkbox"/> Foster Youth to Independence Initiative (FYI)	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<input type="checkbox"/> Owned by client, no ongoing subsidy	
<i>*If selection made, continue to question 2</i>	
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
2. Is client going to have to leave their current living situation within 14 days?	
<input type="checkbox"/> Yes ( <i>Continue to questions 3-6</i> ) <input type="checkbox"/> No ( <i>Continue to Contact Service</i> ) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
3. Has a subsequent residence been identified?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	

<b>4. Does client 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 prefers not to answer	
<b>5. 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 prefers not to answer	
<b>6. 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 prefers not to answer	
<b>Contact Service Information</b>	
<b>Contact Service:</b> <input type="checkbox"/> Case Management	<b>Geolocation:</b> <input 2"="" type="checkbox/&gt;(Reminder to check box in HMIS)&lt;/td&gt; &lt;/tr&gt; &lt;tr&gt; &lt;td colspan="/> <b>Additional Questions</b>
<b>1a. Is there violence or conflict in the place you were staying last night?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>1b. Is your health or safety at risk in the place you were staying last night?</b>	
<input type="checkbox"/> Yes ( <i>continue to 1c</i> ) <input type="checkbox"/> No ( <i>Prioritization Status</i> ) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<b>1c. Do you have another place to go?</b>	
<input type="checkbox"/> Yes ( <i>continue to 1d</i> )	
<input type="checkbox"/> No, Special Intervention likely needed. If DV may not be able to HMIS ( <i>comment</i> ): _____ <input type="checkbox"/> NA	
<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client prefers not to answer	
<b>1d. How long could you potentially stay?</b>	
<input type="checkbox"/> One night or less	<input type="checkbox"/> Two to six nights
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> 90 days or more, but less than one year	<input type="checkbox"/> One year or longer
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
<b>Prioritization Status:</b>	<input type="checkbox"/> Placed on prioritization list <input type="checkbox"/> Not placed on prioritization list