King County Housing Triage Tool (HTT)

*NOTE – New Clients to the HMIS system will also need to fill out:

1. HMIS Client Consent for Data Collection and Release of Information (ROI) 2. Clarity HMIS: KC – Coordinated Entry System Enrollment & Profile

These can be found at: https://kingcounty.bitfocus.com/kc-client-forms-0

**IMPORTANT** Assessors must read the following script verbatim to the client:

Completing this Housing Triage Tool allows Coordinated Entry (CE) to make referrals on your behalf to Partner Agencies for housing and services. Partner Agencies receiving a housing or service referral from CE, whether a household consents to having their information in HMIS or not, will be provided your name and contact information. The only information shared with Partner Agencies will be for the purpose of coordinating a housing or service referral.

*I confirm that I read the above script and the Coordinated Entry Privacy Statement to this client

Enter staff initials and date:

_________________________________________________
_________________________________________________

SUPPLEMENTAL KING COUNTY QUESTIONS

ASSESSMENT TYPE

☐ In Person ☐ By Phone

CLIENT CONTACT/LOCATION INFORMATION (Enter under Contact tab/Location tab in HMIS)

<table>
<thead>
<tr>
<th>CLIENT CONTACT INFORMATION</th>
<th>Can we leave a message for you?</th>
<th>Identify preferred contact method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Yes / No</td>
<td>□</td>
</tr>
</tbody>
</table>
Alternate phone:  Yes / No  □
Text:  Yes / No  □
Email:  Yes / No  □
Other (Facebook (name/unique hyperlink), social media, etc.):  Yes / No  □

Additional Contacts:

CLIENT LOCATION INFORMATION

Address:
City:  State:  Zip:
Notes:

1. HOUSEHOLD TYPE?
☐ Individual Adult (Single Adult 18+ or Young Adult 18-24)
☐ Family (Adult(s) with at least one member under the age of 18, or pregnancy in household)

2. ARE YOU OR ANY HOUSEHOLD MEMBERS CURRENTLY PREGNANT?
☐ No  ☐ Yes  ☐ Client doesn’t know  ☐ Client Refused  ☐ Data Not Collected

HOUSING TRIAGE TOOL ADMINISTRATION

DATE HOUSING TRIAGE TOOL COMPLETED

Month  Day  Year
Staff First
<table>
<thead>
<tr>
<th>Name</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff Last Name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Survey Location

Was this Housing Triage Tool completed by RAP staff?
☐ Yes, RAP staff
☐ Yes, RAP mobile staff
☐ No

If this Housing Triage Tool was completed by RAP staff, was this a walk-in appointment or scheduled?
☐ Walk-in appointment
☐ Scheduled

If this Housing Triage Tool was completed by RAP staff, at which RAP do you work?
☐ CCS - East
☐ CCS - Seattle
☐ Solid Ground – North Seattle
☐ MSC – Federal Way
☐ YWCA - Renton

If this Housing Triage Tool was completed by RAP MOBILE staff, where did the Housing Triage Tool take place?

__________________________________________

I confirm that this client’s consent status (Release of Information) has been documented in HMIS under their privacy shield.

Please enter initials here: _____________