

Client Name: _____



COMMUNITY HOTLINE TRIAGE/REFERRAL ASSESSMENT

Use block letters for text and bubble in the appropriate circles.

CLIENT UNIQUE IDENTIFIER: _____

ASSESSMENT DATE

Month			Day			Year			

TIME

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ASSESSMENT LOCATION

<input type="radio"/> Campbell	<input type="radio"/> Palo Alto
<input type="radio"/> Curpertino	<input type="radio"/> San Jose
<input type="radio"/> Gilroy	<input type="radio"/> Santa Clara
<input type="radio"/> Los Altos	<input type="radio"/> Saratoga
<input type="radio"/> Los Altos Hills	<input type="radio"/> Sunnyvale
<input type="radio"/> Los Gatos	<input type="radio"/> Other area in Santa Clara County
<input type="radio"/> Milpitas	<input type="radio"/> Outside of Santa Clara County
<input type="radio"/> Monte Sereno	<input type="radio"/> Client doesn't know
<input type="radio"/> Morgan Hill	<input type="radio"/> Client refused
<input type="radio"/> Mountain View	<input type="radio"/> Data not collected

ASSESSMENT TYPE

<input type="radio"/> Phone
<input type="radio"/> Virtual
<input type="radio"/> In Person

ASSESSMENT LEVEL

<input checked="" type="checkbox"/> Crisis Needs Assessment

PERSON COMPLETING FORM

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CLIENT PHONE

			-				-			
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CLIENT EMAIL**PREFERRED LANGUAGE**

<input type="radio"/> English	<input type="radio"/> Portuguese
<input type="radio"/> French	<input type="radio"/> Russian
<input type="radio"/> German	<input type="radio"/> Spanish
<input type="radio"/> Greek	<input type="radio"/> Swedish
<input type="radio"/> Hindi	<input type="radio"/> Tagalog
<input type="radio"/> Italian	<input type="radio"/> Urdu
<input type="radio"/> Japanese	<input type="radio"/> Vietnamese
<input type="radio"/> Korean	<input type="radio"/> American Sign Language
<input type="radio"/> Mandarin	<input type="radio"/> Other
<input type="radio"/> Polish	Indicate Other: _____

REFERRING AGENCY NAME

<input type="radio"/> Abode	<input type="radio"/> PATH
<input type="radio"/> Bill Wilson Center	<input type="radio"/> Reentry Resource Center
<input type="radio"/> CSA of Mountain View	<input type="radio"/> Regional Medical Center
<input type="radio"/> El Camino Hospital	<input type="radio"/> Saint Louise Hospital
<input type="radio"/> Gardener Health	<input type="radio"/> SCC Pre Trial Services
<input type="radio"/> Good Samaritan Hospital	<input type="radio"/> SCC Public Defenders Office
<input type="radio"/> Home First	<input type="radio"/> Skyline SNF
<input type="radio"/> Kaiser	<input type="radio"/> Stanford Hospital
<input type="radio"/> Lifemoves	<input type="radio"/> Valley Homeless Healthcare Program
<input type="radio"/> Mission Street Recovery Station	<input type="radio"/> Valley Medical Center
<input type="radio"/> Momentum for Mental Health	<input type="radio"/> White Blossom SNF
<input type="radio"/> Move Mountain View	<input type="radio"/> Other
<input type="radio"/> O'Connor Hospital	Indicate Other: _____

REFERRING AGENCY CONTACT

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REFERRING AGENCY PHONE

			-				-			
--	--	--	---	--	--	--	---	--	--	--

REFERRING AGENCY ALTERNATE PHONE

			-				-			
--	--	--	---	--	--	--	---	--	--	--

CURRENT HOUSING SITUATION

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with RRH or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no ongoing housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment, or house	<input type="radio"/>	Data not collected

IN A CAR? [IF "PLACE NOT MEANT FOR HABITATION..." FOR CURRENT HOUSING SITUATION]

<input type="radio"/>	No
<input type="radio"/>	Yes

IN AN RV? [IF "PLACE NOT MEANT FOR HABITATION..." FOR CURRENT HOUSING SITUATION]

<input type="radio"/>	No
<input type="radio"/>	Yes

WHICH SHELTER? [IF "EMERGENCY SHELTER, INCLUDING HOTEL OR MOTEL PAID FOR..." FOR CURRENT HOUSING SITUATION]

<input type="radio"/>	Amigos de Guadalupe-ADG Interim Housing	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-GTH ES Singles
<input type="radio"/>	Amigos de Guadalupe-Interim Housing	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-HCHV LifeMoves Villa ES VA Families
<input type="radio"/>	Bill Wilson Center-Interim Housing	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-HHV LifeMoves JSI ES VA SMI
<input type="radio"/>	Bill Wilson Center Non Participating-Respite	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-Motel Voucher Program-ESG
<input type="radio"/>	Bill Wilson Center Non Participating-Youth Adult Shelter (YAS)	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-MSI ES Emergency Shelter (formerly LifeMoves MSI ES Pre-transitional)
<input type="radio"/>	Family Supportive Housing-San Jose Family Shelter	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-OSC ES Hotel de Zink
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-BRC 60 Day Program	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-Villa ES VillaSingles (formerly LifeMoves Villa TH VillaSingles)
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-Gilroy Nightly Shelter	<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-Villa ES Women & Children OSH
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-HomeFirst BHC Mabury IH	<input type="radio"/>	St. Joseph's Family Center-Ochoa Winter Family Shelter
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-HomeFirst EIH Bernal (Emergency Interim Housing)	<input type="radio"/>	PATH-Evans Lane
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-HomeFirst EIH Rue Ferrari (Emergency Interim Housing)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-Mountain View Nightly Shelter	<input type="radio"/>	Client refused
<input type="radio"/>	HomeFirst (formerly EHC Lifebuilders)-Sunnyvale Nightly Shelter	<input type="radio"/>	Data not collected
<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-Gateway Pavillion NCV	<input type="radio"/>	Other
<input type="radio"/>	LifeMoves (formerly InnVision Shelter Network)-GTH ES Families (formerly GTH-ES)	<input type="radio"/>	Indicate Other: _____

WHICH CITY DID YOU LIVE IN PRIOR TO BECOMING HOMELESS?

<input type="radio"/> Campbell	<input type="radio"/> Palo Alto
<input type="radio"/> Curpertino	<input type="radio"/> San Jose
<input type="radio"/> Gilroy	<input type="radio"/> Santa Clara
<input type="radio"/> Los Altos	<input type="radio"/> Saratoga
<input type="radio"/> Los Altos Hills	<input type="radio"/> Sunnyvale
<input type="radio"/> Los Gatos	<input type="radio"/> Other area in Santa Clara County
<input type="radio"/> Milpitas	<input type="radio"/> Outside of Santa Clara County
<input type="radio"/> Monte Sereno	<input type="radio"/> Client doesn't know
<input type="radio"/> Morgan Hill	<input type="radio"/> Client refused
<input type="radio"/> Mountain View	<input type="radio"/> Data not collected

IF YOU ARE EMPLOYED, IN WHICH CITY IS YOUR WORK PLACE?

<input type="radio"/> Campbell	<input type="radio"/> Palo Alto
<input type="radio"/> Curpertino	<input type="radio"/> San Jose
<input type="radio"/> Gilroy	<input type="radio"/> Santa Clara
<input type="radio"/> Los Altos	<input type="radio"/> Saratoga
<input type="radio"/> Los Altos Hills	<input type="radio"/> Sunnyvale
<input type="radio"/> Los Gatos	<input type="radio"/> Other area in Santa Clara County
<input type="radio"/> Milpitas	<input type="radio"/> Outside of Santa Clara County
<input type="radio"/> Monte Sereno	<input type="radio"/> Client doesn't know
<input type="radio"/> Morgan Hill	<input type="radio"/> Client refused
<input type="radio"/> Mountain View	<input type="radio"/> Data not collected

IF YOU (OR YOUR CHILDREN) GO TO SCHOOL, IN WHICH CITY IS YOUR SCHOOL? [MORE OPTIONS ON NEXT PAGE]

<input type="radio"/> Campbell	<input type="radio"/> Palo Alto
<input type="radio"/> Curpertino	<input type="radio"/> San Jose
<input type="radio"/> Gilroy	<input type="radio"/> Santa Clara
<input type="radio"/> Los Altos	<input type="radio"/> Saratoga
<input type="radio"/> Los Altos Hills	<input type="radio"/> Sunnyvale
<input type="radio"/> Los Gatos	<input type="radio"/> Other area in Santa Clara County
<input type="radio"/> Milpitas	<input type="radio"/> Outside of Santa Clara County

<input type="radio"/>	Monte Sereno	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Morgan Hill	<input type="radio"/>	Client refused
<input type="radio"/>	Mountain View	<input type="radio"/>	Data not collected

IN WHICH CITY DO YOU SPEND MOST OF YOUR TIME?

<input type="radio"/>	Campbell	<input type="radio"/>	Palo Alto
<input type="radio"/>	Curpertino	<input type="radio"/>	San Jose
<input type="radio"/>	Gilroy	<input type="radio"/>	Santa Clara
<input type="radio"/>	Los Altos	<input type="radio"/>	Saratoga
<input type="radio"/>	Los Altos Hills	<input type="radio"/>	Sunnyvale
<input type="radio"/>	Los Gatos	<input type="radio"/>	Other area in Santa Clara County
<input type="radio"/>	Milpitas	<input type="radio"/>	Outside of Santa Clara County
<input type="radio"/>	Monte Sereno	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Morgan Hill	<input type="radio"/>	Client refused
<input type="radio"/>	Mountain View	<input type="radio"/>	Data not collected

HOW MANY ADULTS (INCLUDING THE CLIENT) ARE IN THE HOUSEHOLD?

HOW MANY CHILDREN UNDER THE AGE OF 18 ARE IN THE HOUSEHOLD?

TOTAL NUMBER OF PERSONS IN THE HOUSEHOLD

OTHER HOUSEHOLD MEMBER 1

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 2

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 3

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 4

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 5

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 6

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 7

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 8

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 9

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 10

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 11

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 12

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 13

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 14

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 15

FULL NAME	
DATE OF BIRTH	

OTHER HOUSEHOLD MEMBER 16

FULL NAME	
DATE OF BIRTH	

WHICH HOMELESSNESS PREVENTION SERVICES AGENCY WOULD YOU LIKE TO BE REFERRED TO? [IF ELIGIBLE FOR PREVENTION SERVICES]

<input type="radio"/>	Amigos de Guadalupe, San Jose	<input type="radio"/>	West Valley Community Services, Cupertino
<input type="radio"/>	Community Services Agency, Mountain View/Los Altos	<input type="radio"/>	(DV) AACI-Asian Americans for Community Involvement, San Jose
<input type="radio"/>	Family Supportive Housing, San Jose	<input type="radio"/>	(DV) Community Solutions, San Jose
<input type="radio"/>	LifeMoves (Georgia Travis House, San Jose, and Opportunity Center, Palo Alto)	<input type="radio"/>	(DV) Maitri, Sunnyvale
<input type="radio"/>	Sacred Heart Community Service, San Jose	<input type="radio"/>	(DV) Next Door Solutions, San Jose
<input type="radio"/>	Salvation Army, San Jose and Santa Clara	<input type="radio"/>	(DV) YWCA, San Jose
<input type="radio"/>	St. Joseph's Family Center, Gilroy	<input type="radio"/>	No Preference*
<input type="radio"/>	Sunnyvale Community Services, Sunnyvale		

*If the client indicates no preference, refer the client to the agency that is nearest the client's location.

ARE YOU CURRENTLY ENROLLED IN A SUBSIDIZED HOUSING PROGRAM? (INCLUDING RRH AND PSH PROJECTS)? *[IF LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION SERVICES]*

<input type="radio"/>	No
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused
<input type="radio"/>	Data not collected

ARE YOU ABLE TO DRIVE YOURSELF OR WILL YOU NEED TRANSPORTATION? *[IF LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION SERVICES]*

<input type="radio"/>	No, I need transportation
<input type="radio"/>	Yes, I can transport myself

DO YOU HAVE ANY LIMITATIONS TO TAKING CARE OF YOURSELF AND BASIC NEEDS, LIKE WASHING, DRESSING, COOKING, CLEANING, ETC.? *[IF LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION SERVICES]*

<input type="radio"/>	No
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know*
<input type="radio"/>	Client refused*

**If the client refuses to provide an answer or responds that they do not know, please prompt for additional information.*

IF ONLY A TOP BUNK BED IS AVAILABLE, WOULD YOU ACCEPT THE PLACEMENT? *[IF LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION SERVICES]*

<input type="radio"/>	No
<input type="radio"/>	Yes
<input type="radio"/>	Client doesn't know
<input type="radio"/>	Client refused

DO YOU HAVE ANY ANIMALS WITH YOU? *[IF LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION SERVICES]*

<input type="radio"/>	No
<input type="radio"/>	Yes

HOW MANY ANIMALS DO YOU HAVE WITH YOU? *[IF 'YES' TO "DO YOU HAVE ANY ANIMALS WITH YOU?"]*

IF YOU DO HAVE ANIMALS WITH YOU, PLEASE SELECT THE TYPE [IF 'YES' TO "DO YOU HAVE ANY ANIMALS WITH YOU?"]

<input type="radio"/>	Service animal	How many are service animals? (#):	
<i>(Proof of vaccination might be required)</i>			
<i>(The Emergency Shelter may ask about the service animal's history, vaccinations, work performed by the service animal, etc.)</i>			
<input type="radio"/>	Emotional support animal	How many are emotional support animals? (#):	
<i>(Proof of vaccination might be required)</i>			
<i>(Advise client that documentation may be required for emotional support animal. The shelter provider may have additional requirements, such as proof of status, vaccines, agreement to follow animal care guidelines, etc.)</i>			
<input type="radio"/>	Pet	How many are pets? (#)	
<i>(Proof of vaccination might be required. The shelter provider may have additional requirements, such as agreement to follow animal care guidelines, etc.)</i>			

IF THE CLIENT IS LITERALLY HOMELESS, NOT ELIGIBLE FOR PREVENTION, ADVISE THEM OF THE FOLLOWING:

ALL COTS ARE THE SIZE OF A TWIN BED. YOU CAN ONLY BRING ON YOUR PERSON ONE LARGE BAG AND ONE SMALL BACKPACK OR PURSE.

ALL ITEMS MUST BE ABLE TO FIT UNDER YOUR BED.

NO WEAPONS ALLOWED.

ADDITIONAL NOTES