



Greater Kansas City Coalition to End Homelessness

Housing Triage Survey

(rev. 2017 March 7)

Script: *We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you some questions for about 10 minutes. These questions are about your health and housing and we will also ask for your social security number. By participating in the interview you give permission to the agency marked below to provide your information to authorized agencies for the purpose of furthering services and housing in this community. Some of the questions we ask might make you feel uncomfortable or be upsetting. If you feel uncomfortable or upset during the interview, you may ask me to take a break or skip any of the questions. The information that you tell us during the interview will be stored in a secure database and also be shared with outreach workers and case managers who will follow up with you for services. All of your information will be kept secure and individuals who will see it have signed confidentiality waivers and will not share your information. You can skip any questions you do not want to answer or end the interview at any point. At any time you can request that your information be removed from the database. No one will be upset or angry if you decide not to be interviewed today.*

Client Consent and Release of Information

MAACLink is a computer system that is used locally as a Homeless Management Information System (HMIS). Use of an HMIS is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. MAACLink is not electronically connected to HUD and is only used by authorized agencies. All MAACLink users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their employees handle client information and data sharing.

I give permission to the: Greater Kansas City Coalition to End Homelessness
 United Community Services of Johnson County

to collect and enter my personal and household information into the MAACLink computer system.

I understand that the MAACLink system is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other people with special needs in order to give better assistance and to improve their current or future situations.
2. Improving the quality of care and service for people in need.
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance.
4. Reporting data on an aggregate level that does not identify specific people or their personal information.

I understand that:

- All agencies that use MAACLink will treat my information in a professional and confidential manner.
- Signing this release form does not guarantee that I will receive assistance.
- I have the right to a printed copy of my MAACLink file.

Each MAACLink agency will require you to sign this form at least annually. If after you sign this form you decide you no longer would like your information entered into MAACLink, please complete the Client Revocation Form. If you do not revoke this authorization, it will automatically expire on _____ or one year from the date you sign and date this form.

Client profile	
Client's first name:	Client's nickname:
Client's last name:	Social security number:
Client has consented to participate: <input type="radio"/> Yes <input type="radio"/> No	Client signature:
How old are you?	What is your date of birth?
In what language do you feel best able to express yourself?	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender Male to Female <input type="radio"/> Transgender Female to Male <input type="radio"/> Other <input type="radio"/> Don't Know <input type="radio"/> Refused
Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino <input type="radio"/> Don't Know <input type="radio"/> Refused	Race (mark all client identifies as): <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian / Pacific Islander <input type="radio"/> Don't Know <input type="radio"/> Refused

Where did you stay last night?

- Emergency shelter (including hotel/motel paid with voucher/charity/government)
- Transitional housing
- Place not meant for human habitation
- Safe Haven
- Client age 0-24 *and* staying with a friend who is not a parent/guardian
- Client age 0-24 *and* staying with a family member who is not a parent/guardian

- Residential project or halfway house with no homeless criteria
- Permanent housing for formerly homeless persons
- Hospital or other residential non-psychiatric facility
- Client age 25+ *and* staying with family
- Jail, prison, or juvenile detention facility
- Rental by client with GPD TIP subsidy
- Rental by client (no subsidy)
- Owned by client with subsidy
- Hotel/motel paid for by client
- Other
- Foster care/group home
- Long-term care facility/nursing home
- Substance abuse facility or detox
- Client age 25+ *and* staying with a friend
- Psychiatric hospital/facility
- Rental by client with other subsidy
- Rental by client with VASH subsidy
- Owned by client (no subsidy)
- Client doesn't know
- Client refused

Surveyor: **CONTINUE** survey

Surveyor: **STOP** survey

Surveyor's name (please print): <div style="text-align: right;"> <input type="radio"/> Staff <input type="radio"/> Volunteer </div>	Surveyor's signature:
Assessment date & time:	

Script: *I am going to ask you some questions about the other members of your household, if there are any. Your "household" means people who stayed with you last night that you consider family members.*

Household member #2 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? Yes No Don't Know Refused

Household member #3 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? Yes No Don't Know Refused

Household member #4 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? Yes No Don't Know Refused

Household member #5 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race (mark one): <input type="radio"/> Multi-racial <input type="radio"/> Black or African-American <input type="radio"/> White <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? Yes No Don't Know Refused

Household member #6 first name:	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender
Age: <input type="radio"/> Under 18 years <input type="radio"/> 18-24 years <input type="radio"/> 25 years or older	Ethnicity: <input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Non-Latino
Race: <input type="radio"/> Multi-racial <input type="radio"/> White <input type="radio"/> Black or African-American <input type="radio"/> Asian <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or other Pacific Islander	Has this person served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused

Is this person eligible for VA medical services? Yes No Don't Know Refused

Surveyor, complete the following questions about where this survey took place.

(PIT only!) Location: <input type="radio"/> Un-sheltered <input type="radio"/> Sheltered (Emergency Shelter or non-residential service site) <input type="radio"/> Sheltered (Transitional Housing) <input type="radio"/> Sheltered (Safe Haven)	County: <input type="radio"/> Jackson <input type="radio"/> Wyandotte <input type="radio"/> Johnson
Survey site (agency, street intersection, landmark, etc.):	

Have you ever served in the US military? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Are you eligible for VA medical services? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
What are/were your approximate dates of US military service? Beginning month: Year: Ending month: Year:	What was the character of your discharge? <input type="radio"/> Honorable <input type="radio"/> Other than honorable <input type="radio"/> Bad conduct <input type="radio"/> Dishonorable <input type="radio"/> Refused

Script: *I am going to ask you some questions about all the times you have had interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.*

1. What is the total length of time you have lived on the streets or in shelters? Years: Months: <input type="radio"/> Refused	2. In the past three years, how many times have you been housed and then homeless again? <input type="radio"/> Refused
3. In the past six months, how many times have you been to the emergency department/room? <input type="radio"/> Refused	4. In the past six months, how many times have you had an interaction with the police? <input type="radio"/> Refused
5. In the past six months, how many times have you been taken to the hospital in an ambulance? <input type="radio"/> Refused	6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? <input type="radio"/> Refused
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="radio"/> Refused	8. Have you been attacked or beaten up since becoming homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
9. Have you threatened to or tried to harm yourself in the last year? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	10. Do you have any legal stuff going on right now that may result in being locked up or having to pay fines? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
11. Does anybody force or trick you to do things that you do not want to do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	12. Do you 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
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="radio"/> Shelter <input type="radio"/> Street, sidewalk, or doorway <input type="radio"/> Car, van, or RV <input type="radio"/> Bus <input type="radio"/> Riverbed or park <input type="radio"/> Other (specify): _____	
14. Is there anybody that thinks you owe them money? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
16. Do you have enough money to meet all of your expenses on a monthly basis? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

20. (Observe only, do not ask!) Surveyor, do you detect signs of poor hygiene or daily living skills? <input type="radio"/> Yes <input type="radio"/> No	
21. Where do you usually go for healthcare or when you're not feeling well? <input type="radio"/> Hospital <input type="radio"/> Clinic <input type="radio"/> VA <input type="radio"/> Other (specify): _____ <input type="radio"/> Does not go for care	
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:	
22. Kidney disease, end stage renal disease, or dialysis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
23. History of frostbite, hypothermia, or immersion foot	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
24. Liver disease, cirrhosis, or end-stage liver disease	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
25. HIV+/AIDS	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
26. History of heat stroke or heat exhaustion	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
27. Heart disease, arrhythmia, or irregular heartbeat	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
28. Emphysema	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
29. Diabetes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
30. Asthma	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
31. Cancer	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
32. Hepatitis C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
33. Tuberculosis	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused

34. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of a serious physical health condition? <input type="radio"/> Yes <input type="radio"/> No	35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
36. Have you consumed alcohol and/or drugs almost every day or every day for the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	37. Have you ever used injection drugs or shots in the last six months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
40. Have you blacked out because of your alcohol or drug use in the past month? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	41. (Observe only, do not ask!) Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <input type="radio"/> Yes <input type="radio"/> No
42. Have you ever been taken to a hospital against your will for a mental health reason? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	43. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
44. Have you ever 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	45. Have you ever had a serious brain injury or head trauma? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
46. Have you ever been told you have a learning disability or developmental disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	47. Have you ever have any problems concentrating and/or remembering things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
48. (Observe only, do not ask!) Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? <input type="radio"/> Yes <input type="radio"/> No	49. Have you had any medicines prescribed by a doctor that were not taken or that were sold, stolen, misplaced, or where the prescriptions were never filled? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
50. Yes or No – Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which help was not sought for, and/or which has caused your homelessness? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in foster care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Have you ever been in jail? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	Have you ever been in prison? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused
Do you have a permanent physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused	What kind of health insurance do you have, if any? (Check all that apply) <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> VA <input type="radio"/> Private insurance <input type="radio"/> None <input type="radio"/> Other (specify): _____
Do you receive SSI or SSDI? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Have you ever been told you have a physical disability, developmental disability, chronic health condition, HIV/AIDS, substance use condition, or mental health condition expected to continue long-term and substantially impair your ability to live independently? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	
Is this the first time you have been homeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know <input type="radio"/> Refused	How long have you been homeless this time? Only include time spent staying in shelters and/or on the streets. Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
Including this time, how many separate times have you stayed in shelters or on the streets in the past 3 years? "Separate times" means you stayed somewhere other than in shelters or on the streets for 7 or more consecutive nights. <input type="radio"/> 4 or more times <input type="radio"/> Less than 4 times <input type="radio"/> Don't Know <input type="radio"/> Refused	In total, how long did you stay in shelters or on the streets for those times? Years: _____ Months: _____ Weeks: _____ Days: _____ <input type="radio"/> Don't Know <input type="radio"/> Refused
On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Is there a phone number and/or email where someone can get in touch with you or leave you a message? If yes, what is it?
Date entered in MAACLink:	Entered by:

Self-reported HUD chronic homelessness (1. Client receives SSI/SSDI or has a disabling condition AND 2. either 12+ months homeless this time or 4+ times in past three years adding up to 12+ months homeless)