Emergency Shelter and Housing Assistance Program (ESHAP) 2021

Navigator Services Process Guide

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Mission and Vision

The mission of MaineHousing is to assist Maine people in obtaining and maintaining quality affordable housing and services suitable to their housing needs.

It is the vision of MaineHousing that all Maine people have the opportunity to live in quality affordable housing.

Emergency Shelter and Housing Assistance Program (ESHAP) 2021 Vision

The vision of the 2021 Emergency Shelter and Housing Assistance Program is to make continuous strides in transforming the current system into a well-coordinated, understandable housing crisis resolution system, which uses a client-centered approach, to assist clients in quickly achieving their housing goals. We envision a system that works collectively with partners, consumers, families and advocates; toward a mutual goal ensuring that individuals and families experiencing homelessness are safely, supportively, and permanently housed so that homelessness becomes a temporary situation with accessible solutions.

Navigator Role

Welcome to your role as a Housing Navigator at a participating Emergency Shelter and Housing Assistance Program (ESHAP) emergency shelter program. Your work is a crucial element in helping people experiencing homelessness to find a stable, lasting home.

The world of homeless services is complex and constantly changing. There are many programs and resources, each with their own requirements and eligibility requirements. For a person experiencing homelessness, this can be confusing and difficult to navigate. That is where a Housing Navigator is there to help. You are there to help guide your clients through this complex system with the goal of achieving stable housing.

This goal is achieved through your knowledge of the system. Educating yourself on what the resources are in your area is crucial to your success in housing the people you serve. Since an episode of homelessness can have many causes, you must be aware of not only housing resources, but also those that help with mental health, employment, substance use, and a myriad of other factors that can lead to a person experiencing homelessness.

While you may coordinate and work with other agencies that are addressing other aspects of your clients' health and well-being, it is important to remember that your primary focus is always housing-getting your clients housed and helping them stay housed. To that end, it is important that you are familiar with the processes for applying to various housing resources, such as vouchers and subsidized housing. It is also important that you are constantly working to establish and maintain relationships with local landlords. Those relationships, once forged, are a vital element in placing clients in appropriate housing.

Once you have your clients housed, the work is not done. Even once a client has successfully secured housing, there are almost always challenges to remaining housed. Housing Navigators will help their clients to work through the challenges that present themselves within those important first twelve to twenty four months. This time will allow the client time to become more secure in their housing, addressing the things that could cause them to lose their housing, and develop the good habits that will keep them in housing moving forward.

Housing First

One thing you will hear often while working with people experiencing homelessness is the phrase "Housing First." Housing First is something that HUD has clearly stated it wants all of its funded programs to follow to the best of their ability. But what is Housing First?

Simply put, Housing First means that a person experiencing homelessness should be housed as soon as possible and any other issues surrounding their homelessness should not be a reason to delay housing a person. Issues such as employment, mental health, substance use, etc. are all easier to deal with once a person is housed. People can start work on any or all of these issues in shelter, but should not be kept in shelter because of them.

So, how does this work on the ground? It starts from the very first moment a person comes to look for shelter. An intake worker should first have a conversation to see if there is any alternative to the client entering shelter. Many times a small amount of diversion may be able to keep them housed or get them housed with family, friends or other resources. If there isn't another alternative, part of the conversation during intake should be what they want to do for housing. Even before formal entry into ESHAP and work with a housing navigator, all staff in a shelter should be focusing on housing and helping the people at shelter work towards housing.

In the course of working with a person experiencing homelessness, every effort should be made to meet the client where they are at in trying to house them; housing options should meet the person's needs in that moment. Once a resource has been secured for housing, it should be used as quickly as possible. Any approach that says issues must be resolved before housing a person are contrary to Housing First and should be reconsidered. By doing this, we work to ensure that instances of homelessness are rare, brief, and one time occurrences.

Coordinated Entry

Another thing you will hear a great deal about is Coordinated Entry. The Coordinated Entry System (CES) is a HUD mandated system that requires all HUD funded homelessness programs to work together to house people. In Maine, any person who enters an ESHAP shelter, or who is entered into ESHAP while in a place not meant for habitation is eligible to access CES. CES will take into account the person's VI-SPDAT score, length of time homeless, and other factors to prioritize them for housing resources. A list of the housing resources using CES is included at the end of this guide; CES is working to add new housing resources all the time, so this list will grow over time.

This system makes your job and the job of your clients easier. Rather than spending a great deal of time filling out many housing applications that may or may not be available or applicable to your clients, a CES coordinator will track openings in projects and people who need housing, and match those resources with the people who need them.

MaineHousing Homeless Academy

MaineHousing utilizes an online Learning Management System (LMS) called Bridge for its Homeless Academy. Bridge allows us to provide online trainings, both for new Navigators, and annual ongoing training for all Navigators across the state.

Initial Online Training

To begin using Bridge, Navigators will need to contact HMISHelp@MaineHousing.org. The HMIS Training & Support Specialist will create a Learner Profile and assign appropriate training courses. After the Learner Profile has been created, Navigators will:

- Receive an email regarding account creation
- In the body of the email, click the 'Set a Password' button
- A Bridge webpage will open and you will be prompted to create a password
- Once you have a password, the login screen will appear
- Your User Name will be your email address
- Upon signing in, you will need to review and agree to the 'Terms of Use'
- After agreeing, you will be directed to 'My Learning' where you can access assigned courses
- Another way to access the courses is through a second email, the Course Invitation
- A third email will be received to notify you of the password creation

A Certificate of Achievement will automatically be issued to the Navigator by Bridge once a successful score (80+) is achieved for the course. Each course allows three attempts to pass the course. If a Learner has used all 3 attempts and still has not passed the course, they will need to contact HMISHelp@MaineHousing.org to request a Course Reset – in which, additional training may be deemed necessary.

The link to access Bridge is: https://mainehmis-mainehousing.bridgeapp.com/login.

Annual Online Trainings

Starting in 2019, MaineHousing requires all Housing Navigators to complete annual online trainings through the Homeless Academy. These trainings are made available to each agency for a designated one month period during the year. The HMIS Training and Support Specialist will contact your agency with the dates of annual training availability. The following trainings must be completed by all Navigators in order to remain in compliance:

- ESHAP
- STEP
- Data and Security
- RentSmart

Navigator Process

Shelter Intake

A shelter intake will happen according to the process your organization has in its own policies and procedures. This process may be conducted by a Navigator or by another staff. Either way, the Housing Navigator should ensure that the date of intake is clearly noted in the client file and that a homeless verification is included. Verifications of homelessness need to meet very specific HUD rules. For a guide on what constitutes an acceptable verification, please see **Appendix A-Verifications of Homelessness.**

If you are providing navigation services to a client who is unsheltered, you will not have a shelter intake to rely upon, and you will be responsible for collecting all of the data needed to enter a client into HMIS or your comparable database.

Initial Assessment

The initial assessment for ESHAP eligibility has to be done after the client has been in shelter for 14 days. If serving an unsheltered client, try to the best of your ability to note the date that the client's homelessness began. Clients who enter shelter after being homeless elsewhere can have the assessment completed 14 days after the initial date that their current homeless episode started. For example, if a client was sleeping in their car for 10 days before entering shelter, you can do the assessment on the 4th day of their stay.

All ESHAP shelters use the VI-SPDAT (Vulnerability Index-Service Prioritization Decision Assistance Tool) to assess the appropriate level of intervention for any individual or household. If you are working with a single adult, you will use the VI-SPDAT. For a family, you will use the FVI-SPDAT. If you are working with a transition aged youth, your agency can opt to use either the single VI-SPDAT, or the TAY VI-SPDAT for youth. In that case, your agency should use either one or the other consistently for all youth.

Instructions on how to administer the VI-SPDATs can be found here:

Single: https://vimeo.com/126548635
Family: https://vimeo.com/126591317
Youth: Follow instructions for Single VI-SPDAT

Entry into ESHAP

Once the VI-SPDAT is complete, you can determine if the client is eligible for entry into the ESHAP program. A client must have a score of 4 or higher on the VI-SPDAT in order to be ESHAP eligible. They must also be homeless according to HUD's Category 1 or Category 4 definition. Any client staying in shelter at the time of ESHAP entry is Category 1.

A navigator may use their professional assessment to decide a client should receive ESHAP services with a score of 3 or below. This is for instances where it is clear that the client's vulnerability score

should be higher, but for whatever reason, it is not. In those cases, a justification letter detailing the reasons for the score exception should be included in the client's file. If a client's VI-SPDAT score is a 3 or below and that seems accurate then they are not eligible for ESHAP services. A letter should be provided to the client to inform them of their ineligibility and should also be included in their file. Once a client is determined eligible for ESHAP, they are entered into the ESHAP program in HMIS or comparable database, and a Housing Stability Plan (HSP) is completed with them.

Housing Stability Plans (HSPs)

The key document in providing navigation services to a client is the Housing Stability Plan (HSP). An HSP includes the housing and income goals that will be important to a client gaining and maintaining housing. Those two goals are required on all HSPs. A navigator should also address other goal areas that may influence the ability of the client to achieve and maintain housing. These can be goals such as education, childcare, health, mental health, substance abuse, or others. While other goals may be included, they should always refer to how those areas will impact the client's housing. Comprehensive case management is not the role of a Navigator; you are focused on housing the client, and everything should be approached through that lens.

You will need to complete an HSP with the client every 90 days and that service needs to be entered into HMIS or a comparable database. Since the HSP is a 90 day document, goals on the HSP should be attainable within those 90 days. Longer term goals should be broken down into segments that are achievable within that time frame. HSP goals need to match VI-SPDAT which may include creating additional goals.

Once the HSP is in place, you must conduct progress updates at 30 days and 60 days. These updates note any progress the client has made on the goal, and any other pertinent information to getting the client housed. These updates can be included on the HSP itself, or can be done in the form of separate progress or case notes.

Document Readiness

Part of the initial Housing Stability Plan is a checklist of documents that a client may need in order to get certain subsidies. It has been shown that one of the biggest barriers to quickly housing a client is not having the necessary documents ready when a housing resource is offered. Due to this, it is crucial that the navigator assess what documents the client has upon entry and immediately start work on obtaining any and all documents they are missing. In some cases, a client may need to obtain one or more type of document before being able to obtain another. Example, obtaining a birth certificate before being able to get a photo ID. Some of these documents can take weeks or months to obtain. For those reasons, it is imperative that navigators begin this work ASAP.

Tenant Education

While you are working to get clients housed, it is important to offer them training on how to be successful once housed. Through the RentSmart curriculum, you can help your clients learn how to be a good tenant. They will learn how to interact appropriately with landlords, what is expected of them as a tenant, as well as how to budget and meet the costs of housing. This education can do a great deal to increase a client's stability in housing and prevent future instances of homelessness.

Mainstream Resources

It is important that every client is connected to all available mainstream resources for which they are eligible or, at the least, a conversation about those resources should take place with the client. At intake, staff should ascertain what resources the client already has, and note that in the intake documentation. If there are resources the client is eligible for but is not receiving, you should work with the client to complete referrals to those resources. Having these resources in place can be a great help in maintaining stability once a client is housed.

Releases of Information

Client confidentiality is protected by state and federal law, so there are strict guidelines around what you can and cannot share about a client. If your agency participates in HMIS, the client must sign an HMIS release upon intake. The client can opt out of allowing their data to be shared amongst HMIS providers, but it is encouraged that they allow the data sharing. Data sharing makes it much easier to coordinate services for them within HMIS.

If you need to communicate about your client in any way outside of HMIS, with any other agency or individual, you will need to have an authorization to release information, or an ROI. An ROI should be specific to the time, person/agency, purpose and scope of the information to be shared. A general ROI that states something to the effect of "We can share any information about you with any of the below agencies for any reason for as long as we choose" is not a valid ROI.

It is important that any evidence of communication between you or your agency and any other person about your client MUST be accompanied by a signed ROI in the client's file. Not doing so is a breach of confidentiality, and could open you and your agency up to legal action.

Rental Assistance

For most clients, some form of rental assistance will be necessary to get them housed. There are many different types of subsidies, each with their own eligibility requirements. This is probably the most confusing part of trying to get housed, and where your expertise as a navigator will be of the greatest value. You will work the client to fill out and submit applications to various resources, and help them follow up on those applications.

To determine what the best resource is for your client, first you need to look at their VI-SPDAT. Each score range has appropriate resources. Below is a partial list to start; other resources may be available in your area.

1-3: ESHAP Ineligible	4-7 Single, 4-8 Family: RRH eligible	8+ Single, 9+ Family: PSH Eligible
• Provide a copy of the Maine Housing Guide • Give contact information for local GA office • Provide information on accessing mainstream resources • Refer household to mainehousingsearch.org • Refer household to 211 • Or- Justification letter	• Refer to Coordinated Entry System (CES) • Subsidized Housing through any/all Housing Authorities • Project Based subsidies (ex, LIHTC) • Mainstream or Home To Stay HCV • Housing Choice Vouchers Family Unification Program • Fair Market Rent • Or- Justification Letter	• Refer to CES • Non-Elderly Disabled HCV • Bridging Rental Assistance Program (BRAP) • Veterans Affairs Supported Housing (HUD VASH) • Housing Opportunities for Persons with HIV/AIDS (HOPWA) • Supported Housing Programs • Or- Justification Letter

Housing Identification and Search

Once you know what your client may be eligible for, it is time to find them housing. The most important part of this process is your knowledge of your area. You have to know what resources are out there, especially for project based voucher programs and local Public Housing Authority resources, if any. Since each of those varies by area, you must be the expert. Also keep in mind that subsidized housing is not the only answer. Oftentimes, the best option is for the client to find a family or friend who can help them, or some other community support that is offered.

Another key part to finding housing is creating and maintaining relationships with local landlords. Those relationships will allow you to lease up your clients faster and easier, as well as keep them in housing. Actively seek out landlords in your area and ask if they are willing to lease to people using subsidies. Those who are, keep in touch with them and let them know when you have people looking. Ask if they will reach out when they have vacancies. Remember, large property management agencies aren't the only game in town. Oftentimes, individual landlords are going to be your best bet to partner with.

Finding safe and affordable housing is the goal so it is required that when looking at a potential unit for your client, you assess the habitability and safety of a unit before they agree to rent.

Leasing Up

Once you've found housing for your client, you will need to work with them through the process of leasing up. The process will differ slightly depending on what subsidy, if any, the client has.

For clients with a project based subsidy, the paperwork will usually all be done with the landlord. The lease, subsidy paperwork, etc. will consist of one set of documents your client completes and returns to them.

For a tenant based subsidy, the process will be a little more complex. In that case, you will have paperwork to complete with the landlord, specifically the lease and any accompanying documents the landlord requires. In addition to that, the agency providing the subsidy will have paperwork that needs to be completed as well.

There will likely be a packet of paperwork to request approval for the unit. In the case of an HCV or STEP voucher, this is called the Request for Tenancy Approval (RFTA), or Request for Unit Approval (RFUA). Some documents you will have to bring to the landlord to complete, others you will complete with the tenant. There are also some you will go over and have signed by both parties. It is your job to communicate with the landlord and your client, gather the needed documents and return them to the agency.

Once those documents are in, the agency will schedule an inspection of the unit. If the unit passes, you will need to work with the landlord and client to get the lease signed and get a copy of the lease and final paperwork back to the agency issuing the subsidy.

The most important part of this whole process is communication. You will be the person coordinating things between the landlord, your client, and the agency. Make sure you communicate things to each party as the process unfolds. If there is a setback, like a failed inspection, it is important that you communicate that to everyone and let the landlord and client know what the next steps are. Landlords can get impatient when the process drags on, and this is much worse when they aren't being given regular information during the process. Understand that this usually not the landlord being uncooperative. The longer their unit remains vacant, the longer until they get paid. This is their livelihood so it is understandable that they will want to move forward as soon as possible.

Stabilization Services

When you have successfully housed your client, make sure to take a moment to celebrate this achievement with them! At the same time, recognize that your work and their work is not done. While getting a person into housing is important, keeping them there and ensuring they don't end up homeless in the future is every bit as important. Especially with a Housing First approach, Navigators need to realize that there are going to be many issues the client still needs to work on to be able to keep the housing they've gotten.

ESHAP requires that Navigators continue to work with a client on their Housing Stability Plans for one year following getting housed. HUD requires the program participant to meet with a Navigator not less than once per month to assist the program participant in ensuring long-term housing stability. This is required regardless of the type of housing they obtain. Subsidized or not, living with family or friends, it is your responsibility to continue working with them for a year to ensure they are stable in their housing moving forward. In the case of STEP/TBRA or Home to Stay HCV subsidies, the client is also obligated to continue with services. For other types of housing, the client may refuse navigation services if they choose. In the case of DVRC clients, they are

permitted to refuse service regardless of the voucher type. If the client refuses, you need to clearly document that in their client file. Remember, you are always obligated to offer services. The client is not always obligated to accept them.

If a client has opted or is required to continue services, but avoids/refuses contact with you, there are certain steps you should take at that point. Make every attempt to contact the client via phone, text, email, etc. Stop by their apartment and knock on the door. Leave them notes if they do not answer. If after 30 days the client is still refusing contact, leave them a note informing them that they will be exited from ESHAP services. If the client has a STEP or HTS HCV, this note should also inform them that they may lose their voucher if they are exited from ESHAP. At that point, you should also contact the HCV department to let them know the client has not responded. The HCV Occupancy Specialist will lead you through the next steps. For recordkeeping purposes, these attempts to contact a client can be counted as a service to be entered into HMIS or comparable database. The attempts to contact should also be noted in the client file.

Warm Hand-offs

In some situations, a client will attain housing that includes services, such as Permanent Supportive Housing (PSH). Often in those cases, continuing navigation services with that client may be redundant. If that is the case with a client, a Navigator may conduct a warm hand-off with the client and the new service provider.

A warm hand-off is not simply an email and a good luck to the client. Warm hand-offs are a process. They should include some meetings prior to transferring services, an exchange of information between you and the new service provider, and ideally a meeting with you, the client, and the new service provider during which you formally transfer the client to the new provider. Once the hand-off has occurred, you should check in with the new provider a couple times to ensure they do not need further information, and that all the details are in place to ensure you client continues to get the services they need.

Ending Services

Eventually, it will come time to end services with a client. This may happen when a client times out of the program, refuses services, transfers services to a new provider, is terminated, or any other number of reasons.

You must clearly document in the client's file when you are ending services, and the reason. In most cases, a simple note in the client file detailing the date and reason for exit is sufficient. If your agency is still using the ESHAP Exit Data form, this will also be sufficient.

However, if the client is being terminated from your services, more will be required. You or your agency will have to write the client a letter detailing the specific reason for termination, and there must be a specific reason to terminate. This letter should also detail who the client can contact if they wish to appeal this decision.

Of course, it is not always possible to sit down and give your client a letter when they are being terminated. All clients should be made aware that if they are terminated, a letter will be available for them, and they can contact your agency to get a copy of it after the fact.

If the client decides to appeal, they must be allowed to present evidence to someone other than the person who made the termination decision or a subordinate of that person. Upon hearing the appeal, the person or group must render a decision and inform the client in writing of their decision. All of these steps should be included in the client's file.

Regardless of why the client has been terminated from services, they must always be afforded the right to an appeal. This is a basic principle of due process, which must always be followed when you are refusing to provide services funded by federal and state monies.

Recordkeeping/Monitoring

While providing services to your clients, it is your responsibility to keep accurate and thorough records of the services you provide. The client file you create will help you to track those services and be able to easily communicate them to partner agencies and entities as needed. Also, it is a record that shows you have provided the services that federal and state funding pays for.

MaineHousing conducts periodic monitoring of your agency's client files, and any file can be selected for a review. This includes clients who were not entered into ESHAP services. Since ESHAP funding is also used to fund shelter operations, any shelter file is subject to review. When a Program Officer is reviewing a file, if something is not contained in it, it is assumed it did not happen. Accurate and complete records protect your agency from findings, and keeps your funding safe.

To ensure you are up-to-date on what will be looked for in a monitoring review, a copy of the file review sheet that MaineHousing Program Officers use when reviewing files is included in this guide. Using this sheet and the Documentation Guide on the following page will ensure that your client files have everything they need.

Documentation Guide

This chart will lead you through what need to be included in a client's file in order to be in compliance with ESHAP and ESG regulations.

Event/Scenario	Documentation in file	HMIS/Comp database?
Shelter Intake	-Intake form including date of intake -Homeless verification -Mainstream resources already being received.	YES, entry into shelter.
Initial assessment	-VI-SPDAT, with date and score	YES
If ESHAP Eligible	Initial Housing Stability Plan	YES, entry into ESHAP program.
If ESHAP Ineligible	Ineligibility Letter	NO
If Navigator is making ESHAP eligibility exception	Exception letter, detailing reason for exception	YES, entry into ESHAP program
Ongoing services in shelter/unsheltered	Housing Stability Plans every 90 days, updates every 30 days; Releases of information for any communications outside agency	YES, enter HSPs and updates as services in the ESHAP entry.
Mainstream Referrals	Copy of application/referral, or note in HSP updates	NO
Housing Referrals	Copy of application/referral, or note in HSP updates	NO
RentSmart	Certificate or notes showing evidence of class being offered/attended	NO
Housing obtained	Client lease and/or note detailing client destination, subsidy type if necessary	YES, exit from shelter, ESHAP entry remains open.
If client refuses stabilization services	Note in file stating client has refused services	YES, exit from shelter and ESHAP.
Stabilization services	Housing Stability Plans every 90 days, updates every 30 days	YES, enter HSPs and updates as services in the ESHAP entry.
End of services	Note in file, stating reason for end of service and date	YES, exit from ESHAP
If client is terminated	Letter to client explaining reason for termination, options for appeal	NO
If client appeals	Documents from appeal, letter of appeal decision	NO
Releases of Information, including HMIS	HMIS release must be present as well as releases for landlords, providers or other services before contact occurs.	YES, HMIS NO, all others

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Supporting Documents:

All documents associated with ESHAP 2021 can be found at:

https://mainehousing.org/partners/partner-type/homeless-service-providers/homeless-initiatives

Appendix A- Verifications of Homelessness

Category 1- Literally Homeless

If you have a client who is living in a place not meant for habitation, is coming from another emergency shelter, or was in an institution such as a hospital or rehab for less than 90 days, and was literally homeless prior to entry into that institution.

Verifying Category 1-

1. A declaration from a third party outreach worker who has witnessed the client in their homeless situation.
2. A signed letter from the discharging institution confirming the dates of the client's stay, and their homeless situation upon entry into that institution, or discharge paperwork affirming the same.
3. A signed self-declaration by the client or head of household that affirms that they are literally homeless and have nowhere else to stay.

Category 2- Imminently Homeless

People who are not yet homeless, but will become homeless within the next 14 days are eligible for entry into shelter. They are not eligible for entry into ESHAP services until they are in shelter or living in a place not meant for habitation for 14 days.

Verifying Category 2-

1. A copy of the court order requiring the client to vacate their residence within the next 14 days
2. If the individual or family are staying in a hotel or motel for which they are paying themselves, evidence that they lack the funds to remain in that hotel/motel for more than the next 14 days.
3. An oral statement by the individual or head of household that they are required to leave their residence within the next 14 days. The staff verifying homelessness must attempt to contact the owner/renter of the property to verify this. If unable to contact the owner/renter, the staff must document the attempts made to contact and sign a certification to that effect. Head of household must then sign a certification stating they have no subsequent residence and they lack the resources needed to obtain permanent housing.

Category 3- Runaway and Homeless Youth

Youth under the age of 25 who do not qualify as homeless under these definitions, but do qualify as homeless under Runaway and Homeless Youth regulations.

Verifying Category 3-

1. Documentation from DHHS or another agency providing services to the youth attesting to their homeless status.

2. An observation from an outreach worker attesting to their qualification as homeless under RHY regulations.
3. Self-certification signed by client attesting to their qualification as homeless under RHY regulations.

Category 4- Fleeing Domestic Violence

Individuals or households whose homelessness has been caused due to fleeing domestic violence are eligible for assistance. In these cases, third party verification is not needed and should not be sought in order to maintain the safety of the clients.

Verifying Category 4

1. Oral declaration by the individual/head of household. Declaration must contain the following elements:
    a. The household is in imminent danger and is fleeing for their safety.
    b. They have not identified a subsequent residence.
    c. They lack the resources/supports needed to obtain housing.

    The oral declaration must be documented in the file, and can be signed by either the head of household or the intake worker.

Appendix B

Housing Stability Plan

Head Of Household:_____Initial ◯ Renewal ◯

Navigator:_____Agency:_____VI-SPDAT Score:_____

Other Household members:_____

Date:_____ **Renewal Due (90 Days):**_____

Housing Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: **Date:**_____

60 Day Update: **Date**:_____

Goal achieved after 90 days? Y ◯ N ◯

Income Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: **Date:**_____

60 Day Update: **Date:**_____

Goal achieved after 90 days? Y ◯ N ◯

Client Signature:_____Nav Signature:_____

Documents needed for housing

Proof of Identity

- ❒ Driver's License
- ❒ State issued Photo ID
- ❒ Military ID
- ❒ Passport
- ❒ Birth Certificate

Lack of correct documentation is one of the most common barriers to housing. Waiting until a voucher is available to get these documents is too late. Work on this from day one of a client's shelter stay.

If client has none of the above, the below documents will be needed to obtain a Maine photo ID.

- ❒ Social Security Card, OR W-2 with SS # on it.
- ❒ Birth Certificate OR naturalization papers
- ❒ Proof of Maine residency, which can include:
  - ☐ Maine Vehicle Registration or other credential
  - ☐ Utility Bill- electric bill, water/sewer bill, cell phone bill, etc.
  - ☐ Maine Resident Hunting and/or Fishing License
  - ☐ Contract in their name: mortgage agreement, lease, insurance policy, insurance ID card, SR22
  - ☐ Tax bill
  - ☐ Document issued by a government entity
  - ☐ Tax return
  - ☐ Paycheck stub W-2
  - ☐ Conditional order of restoration

If none of those are available, two affidavits confirming Maine residence can be used.

Photo ID needed for every adult in household; Birth Cert. for all members needed for many programs

Proof of Income: All that apply

- ❒ Last 4 paystubs, or bank statements showing wages deposited
- ❒ TANF and/or SNAP award letter
- ❒ Child Support award letter
- ❒ SSI benefit letter
- ❒ Any other documentation of income (legal settlement, pension,etc)
- ❒ Zero Income certification

Proof of income must be provided for every adult in household

*Many programs will also need proof of disability, refer to individual program guides for specifics

Other Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: Date:_____

60 Day Update: Date:_____

Goal achieved after 90 days? Y N

Other Goal:

Strengths to achieve goal: _____

Barriers: _____

30 Day Update: Date:_____

60 Day Update: Date:_____

Goal achieved after 90 days? Y N

Appendix C

Program Participant File Review	Date:				
Name of Program Officer Completing Review:					
Client ID (from HMIS or Comparable Database):					Prior Notice:
Date of Entry into ESHAP Program - (coordinated w/ VISPDAT):					
Date of Program Exit, if applicable:					
Manner of Exit from Program/Destination (if applicable)- shelter, termination, subsidy, unknown, etc.					
General Client File Information	**Yes**	**No**	**Finding**	**Concern**	**Comments**
Was a VI-SPDAT administered to the client?					Score:
Was the VI-SPDAT conducted within 30 days? Record date.					Date:
Is there a VISPDAT justification letter present?					
Was the Housing Stability Plan completed within 30 days?					
Does the client have an individualized and up-to-date Housing Stability Plan?					
Was the client referred to an appropriate housing resource based upon their VI-SPDAT score? If no, is there documentation to justify utilized housing resource?					
Do the areas addressed in the Housing Stability Plan match the areas of concern identified in the VI-SPDAT?					
Were referrals made to mainstream resources or other programs in accordance needs identified in the VI-SPDAT?					
Did the client receive any type of "Rent Smart" classes or materials?					
Is the client still enrolled/receiving ESHAP assistance (any services)? (If no, record last date of service in HMIS).					
Are there appropriate releases of information in the client file? (HMIS, general releases)					
Does the file document that the client has been informed of their rights to fair housing?*					
Grievance policy procedures?*					
Appeal of termination policy procedures?*					
If the client is no longer enrolled/receiving assistance did the subrecipient document the date of termination and reason in client file?					
If this client was terminated due to program violations or noncompliance, does the file contain evidence that due process for termination was adequately managed? 576.402					
1. Written notice to the participant containing a clear statement of the reason for termination;					
2. A review of the decision, in which the participant is given the opportunity to present written or oral objections before a person other than the person (or subordinate of the person) who made or approved the termination decisions, AND					
3. Prompt written notification to the program participant. NOTE: Termination under housing relocation, stabilization and rental assistance does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.					
Are there concerns regarding the content, or lack of content, of client file in regard to intake and assessment, informing clients of their rights and shelter rules & policies, required documentation, eligibility determinations, referrals, follow-up, and client exit?					

Homeless Verification 576.2	Yes	No	Finding	Concern	Comments
*Under which category does this person/family meet HUDs definition of homelessness for **ESHAP services**? See below:*					(ESHAP does not fund stabilization services for clients under Category 2&3)
Category 1. Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning 1) Has a primary nighttime residence that is a public or private place not meant for human habitation, or 2) is living in a shelter or place designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or the government)					
Which of the Required Documentation is present : 1) Written observation by the outreach worker or 2) Written referral by another housing or service provider or 3) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in a shelter; 4) For individuals exiting an institution one of the forms of evidence above **AND; a.** discharge paperwork or written/oral referral or **b.** written record of intake workers due diligence to obtain evidence AND certification by individual that they exited the institution.					
Category 4: Fleeing/Attempting to Flee DV: Any individual or family who: 1. Is fleeing or attempting to flee domestic violence; 2. Has no other residence; 3. Lacks the resources or support networks to obtain other permanent housing. See below:					
Which of the Required Documentation is present: VSP's: An oral statement by the individual or head of household seeking assistance which states; they are fleeing; they have no subsequent residence; AND they lack resources. Statement must be documented by a self-certification by the intake worker. For non-VSP's- 1) an oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized the oral statement must be verified; AND certification by the individual or head of household that no subsequent residence has been identified AND self-certification or other written documentation that the individual or family lacks the financial support networks to obtain other housing.					
*Under which category does this person/family meet HUDs definition of homelessness for **Shelter Entry**? See below:*					
Category 1. Literally Homeless: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning 1) Has a primary nighttime residence that is a public or private place not meant for human habitation, or 2) is living in a shelter or place designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or the government)					
Which of the Required Documentation is present : 1) Written observation by the outreach worker or 2) Written referral by another housing or service provider or 3) Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in a shelter; 4) For individuals exiting an institution one of the forms of evidence above AND; a. discharge paperwork or written/oral referral or b. written record of intake workers due diligence to obtain evidence AND certification by individual that they exited the institution.					
Category 2: Imminent Risk of Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: 1) Residence will be lost within 14 days of the date of application for homeless assistance; 2) No subsequent residence has been identified; and 3) The individual or family lacks the resources or support networks needed to obtain other permanent housing					
Which of the Required Documentation is present : 1) A court order resulting from an eviction action notifying the individual or family that they must leave; or 2) For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; or 3) A documented and verified oral statement; AND Certification that no subsequent residence has been identified; AND Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.					

Category 3: Homeless under other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1) Are defined as homeless under the other listed federal statutes; 2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; 3) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and 4) Can be expected to continue in such status for an extended period of time due to special needs or barriers					
Which of the Required Documentation is present: 1) Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; AND Certification of no PH in last 60 days; AND Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; AND Documentation of special needs OR 2 or more barriers					
Category 4: Fleeing/Attempting to Flee DV: Any individual or family who: 1. Is fleeing or attempting to flee domestic violence; 2. Has no other residence; 3. Lacks the resources or support networks to obtain other permanent housing. See below:					
Which of the Required Documentation is present: VSP's: An oral statement by the individual or head of household seeking assistance which states; they are fleeing; they have no subsequent residence; **AND** they lack resources. Statement must be documented by a self-certification by the intake worker. For non-VSP's- 1) an oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized the oral statement must be verified; **AND** certification by the individual or head of household that no subsequent residence has been identified **AND** self-certification or other written documentation that the individual or family lacks the financial support networks to obtain other housing.					
Rapid Re-housing - Housing Relocation and Stabilization 576.104 and 576.105	**Yes**	**No**	**Finding**	**Concern**	**Comments**
Has the client received **housing relocation and stabilization assistance** under the **Rapid Re-housing** component? (Eligible for clients who meet the criteria under paragraph 1 of the homeless definition in 576.2, or who meet the criteria under paragraph 4 of the homeless definition and live in an emergency shelter or other place described in paragraph 1 of the homeless definition.)					
If the client moved into housing with ANY ESG assistance, is there evidence of a habitability and/or housing quality standards inspection in the client file.					

***If not in file, each document must be posted publicly for anyone to see.**

Appendix D

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
_____	_____	
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY____/____/_____	_____: _____	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1			
First Name	**Nickname**	**Last Name**	
_____	_____	_____	
In what language do you feel best able to express yourself? _____			
Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY____/____/_____	_____		☐ Yes ☐ No

PARENT 2			
☐ No second parent currently part of the household			
First Name	**Nickname**	**Last Name**	
_____	_____	_____	
In what language do you feel best able to express yourself? _____			
Date of Birth	**Age**	**Social Security Number**	**Consent to participate**
DD/MM/YYYY____/____/_____	_____		☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

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B. Risks

8. In the past six months, how many times have you or anyone in your family...
   a) Received health care at an emergency department/room? ____ ☐ Refused
   b) Taken an ambulance to the hospital? ____ ☐ Refused
   c) Been hospitalized as an inpatient? ____ ☐ Refused
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused
   e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? ____ ☐ Refused
   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ **Y** ☐ N ☐ Refused
10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.** **SCORE:**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

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C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ N ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ N ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

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24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

b) A past head injury? ☐ **Y** ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ **Y** ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.** **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.** **SCORE:**

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E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ **Y** ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES.** **SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ **Y** ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ **Y** ☐ N ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? ☐ Y ☐ **N** ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN.** **SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ **Y** ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY STABILITY.** **SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ **N** ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ **Y** ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ **Y** ☐ N ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ **Y** ☐ N ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT.** **SCORE:**

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Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score: Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	9+ an assessment for Permanent Supportive Housing/Housing First
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

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Appendix B: Where the VI-SPDAT is being used in the United States

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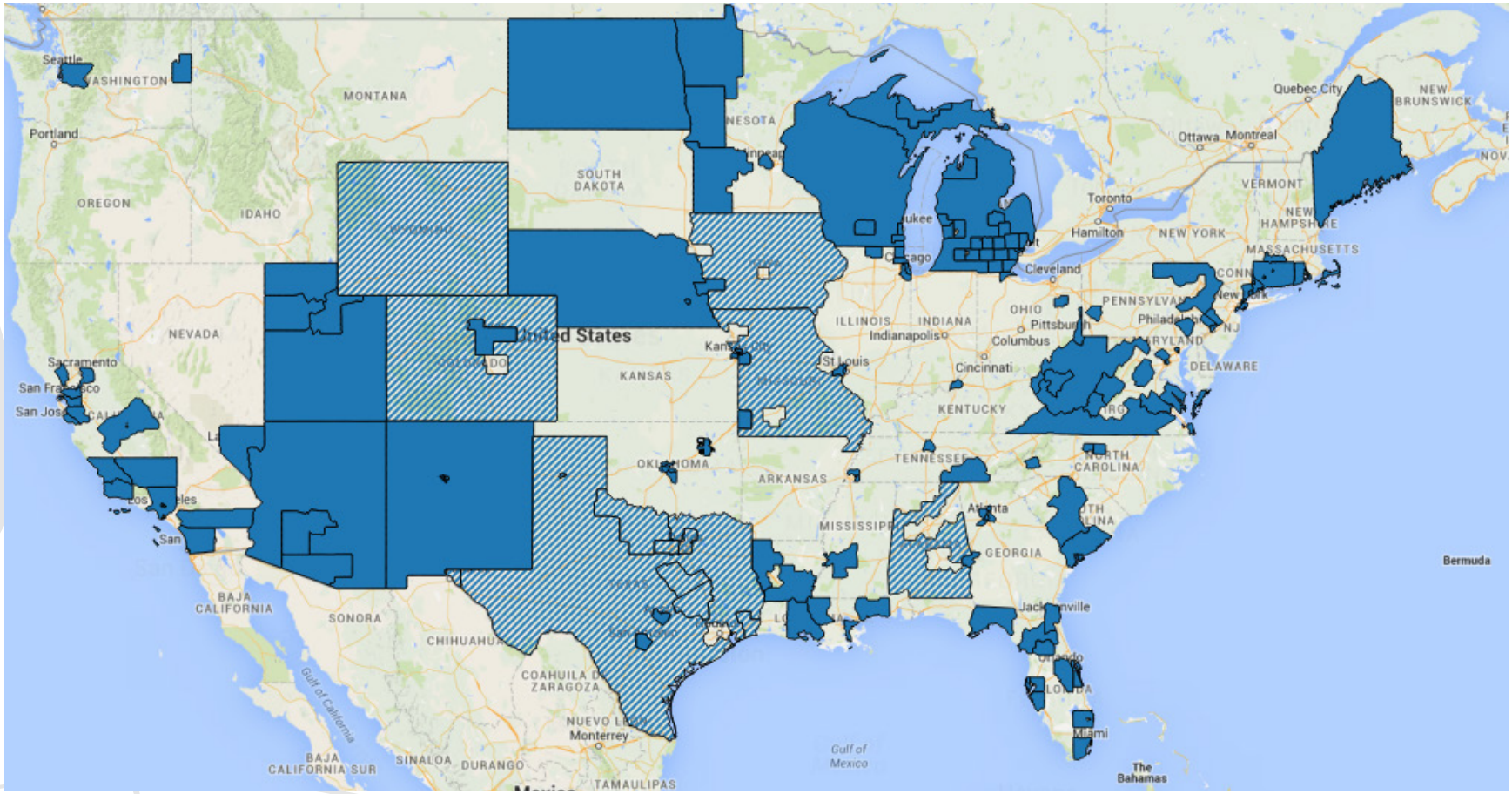

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- Oakland/Alameda County
- Sacramento City & County
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- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

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- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
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- City of Waterbury

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- District of Columbia

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- Gainesville/Alachua, Putnam Counties
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- Palm Bay/Melbourne/Brevard County
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- West Palm Beach/Palm Beach County

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- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

Interviewer's Name	Agency	☐ Team ☐ Staff ☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __ AM/PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):** _____
   - ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused
3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...
   - a) Received health care at an emergency department/room? ____ ☐ Refused
   - b) Taken an ambulance to the hospital? ____ ☐ Refused
   - c) Been hospitalized as an inpatient? ____ ☐ Refused
   - d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused
   - e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused
   - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

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7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.** **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? ☐ **Y** ☐ N ☐ Refused
9. 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 know, share a needle, or anything like that? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.** **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? ☐ **Y** ☐ N ☐ Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ Y ☐ **N** ☐ Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.** **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.** **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ Y ☐ **N** ☐ Refused

IF "NO," THEN SCORE 1 FOR **SELF-CARE.** **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? ☐ **Y** ☐ N ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.** **SCORE:**

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused
19. When you are sick or not feeling well, do you avoid getting help? ☐ **Y** ☐ N ☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.** **SCORE:**

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.** **SCORE:**

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
    a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused
    b) A past head injury? ☐ **Y** ☐ N ☐ Refused
    c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.** **SCORE:**

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**. **SCORE:**

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25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL
PRE-SURVEY	/1
A. HISTORY OF HOUSING & HOMELESSNESS	/2
B. RISKS	/4
C. SOCIALIZATION & DAILY FUNCTIONS	/4
D. WELLNESS	/6
GRAND TOTAL:	/17

RESULTS

Score:	Recommendation:
0-3:	no housing intervention
4-7:	an assessment for Rapid Re-Housing
8+:	an assessment for Permanent Supportive Housing/Housing First

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

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Appendix A: About the VI-SPDAT

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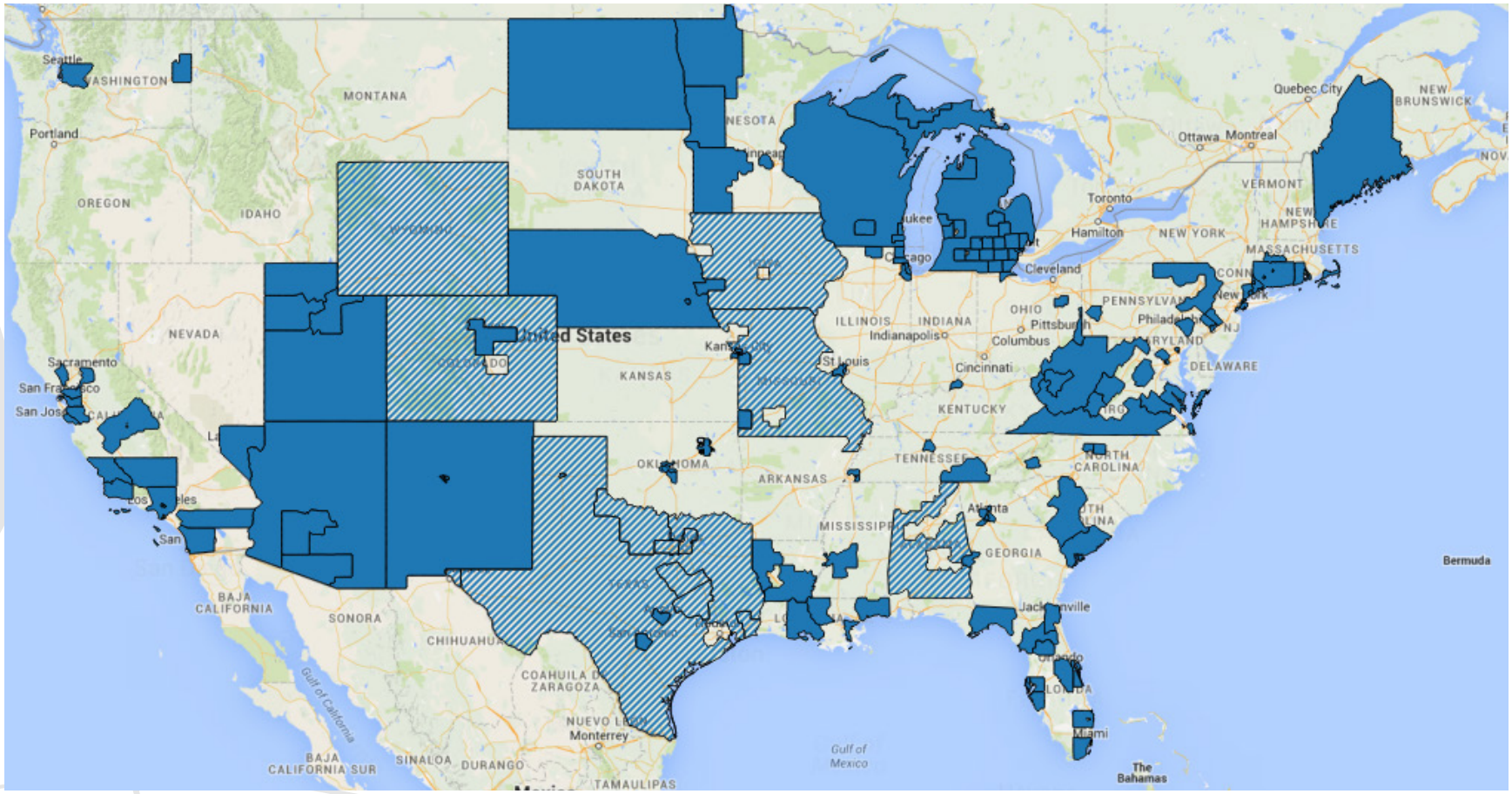

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- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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