# By-Name Lists and Prioritization

### Release of Information

Informed Consent to Release

Who is Releasing

What is Being Released

Who is it Released to





#### Authorization to Use or Disclose Protected Health Information (PHI)

#### Section 1. Who is the Individual?

1-435	El-t Manage		241241-2-14-1								
Last Name:	First Name:		Middle Initial								
			<u> </u>								
Provider Completing Assessment:	Date of Birth:	Social Security Number:									
I hereby authorize the use or disclosure of protected health information about the individual named above.											
I am:											
$\label{eq:constraint} \square \ a \ personal \ representative \ because \ the \ patient \ is \ a \ minor, incapacitated, or \ deceased \ (complete \ Section \ 9 \ below)$											
Section 2. Who Will Be Disclosing Information About the Individual?											
The following person(s) or entity may use or disclose the information:											
All providers within the Richmond, VA continuum of care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)											
Section 3. Who Will Be Receiving Information About the Individual?											
The information may be disclosed to:											
All providers within the Richmond, VA Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)											
Section 4. What Information About the Individual Will Be Disclosed?											
The information to be disclosed may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.											
The information to be disclosed, including behavioral health and/or substance abuse services, includes the following:											
All information contained within the Vuln	nerability Index	A. History of Hou	sing and Homelessness								
and Service Prioritization Decision Assist		B. Risks									
(VI-SPDAT) pre-screen assessment, inclu		C. Socialization and Daily Functioning D. Wellness									
	1	D. Weimess									
All information contained within the Serv			Daily Living Skills								
Decision Assistance Tool (SPDAT), include		<ul> <li>B. Meaningful Da</li> <li>C. Social Relation</li> </ul>	ally Activity ashins and Networks								
	i	D. Mental Health	and Wellness								
		E. Physical Healt									
		F. Substance Use G. Medication									
	i	H. Personal Admi	nistration and Money Management								

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

☐ STAFF ☐ VOLUNTEER

Prescreen for Single Adults

Agency

TEAM

#### GENERAL INFORMATION/CONSENT

1. What is the total length of time you have lived on the streets or in shelters?

PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL

2. In the past three years, how many times have you been housed and then homeless

Interviewer's Name

again?

Date	Time	Location							
In what language do you	feel best able to express yourself?								
In what language do you	reer best able to express yourself:								
First Name		Last Name							
Nickname		Social Security Num	Social Security Number						
How old are you?	v old are you? What's your date of birth? Has Consented to Participate								
		☐ YES ☐ NO							
If 60 years or older, the	s score 1				Prescreen Score				
ir oo years or older, the	i score 1.				30016				
DDE COREEN CENERAL THE	ORMATTON CURTOTAL								
PRE-SCREEN GENERAL INF	ORMATION SUBTOTAL								
A. HISTORY OF HO	JSING & HOMELESSNESS	erionis							
	QUE	STIONS							
	ed two or more cumulative years of he	omelessness, and/or	RESPONSE	REFUSED	Prescreen				
4+ episodes of homelessne	ss, then score 1.			Score					

#### SCORING SUMMARY

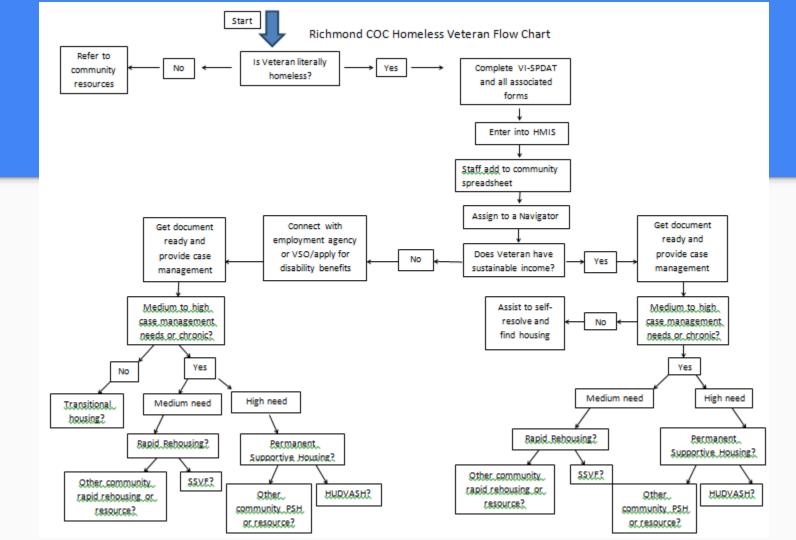
DOMAIN	SUBTOTAL	If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent
GENERAL INFORMATION		Supportive Housing/Housing First Assessment.
A. HISTORY OF HOUSING AND HOMELESSNESS		If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is
B. RISKS		recommended for a Rapid Re-Housing Assessment.
C. SOCIALIZATION AND DAILY FUNCTIONS		·
D. WELLNESS		If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support
PRE-SCREEN TOTAL		Assessment at this time.

## By-Name List Templates

Veteran	Date Admin.	Admin. By	Score	Current Living Situation	VOH BY	Chronic. Homeless	DischargeStatus	Sex Offender	Income	Recommendations

## By-Name List Templates

First Name	Last Name	HMIS number	Spent Last night	Length of Stay Homeless	Income	Source	Last address	VI-SPDA T score	Sex	VET	Disability	Diagnosis	Documentation	Notes



## **Case Conferencing**