

Albuquerque Coordinated Entry System

Authorization to complete the VI-SPDAT survey and participate in the Coordinated Entry System

Date:
Initials:

Family Housing Survey

Please note: This survey, not an application, is intended for families with minor children (under 18) residing in the household. If there is no minor child in the household, please complete the individual survey.

The Albuquerque Coordinated Entry System (ACES) is a process that is intended to assist people that are experiencing homelessness (e.g., sleeping on streets, parks, or in a shelter) in the city of Albuquerque and connect them to housing resources as they become available. This system is only one system connect to limited types of resources, there are multiple types of housing that exists throughout the city ranging from subsidized to affordable, be sure that you apply to additional housing to expand your housing options. When housing becomes available through our system, we will reach out to you directly, be sure that your contact information and/or the best ways to get a hold of you is always updated. In general, you should update your contact information with all housing that you have applied to.

Please contact ACES staff to receive more information on ACES or housing resources in the community. ACES staff can be reached at: Phone: 505.217.9570 Text: 505.226.3848 or Email: cap@nmceh.org.

Interviewer's Name:		Agency/Location:	
HH First Name:		HH Last Name:	
DOB:	SSN:	HMIS Client ID: <i>(if applicable)</i>	
Partner's information that is with or will be joining the household <i>(if applicable)</i>			
First Name:		Last Name:	
DOB:	SSN:	HMIS Client ID: <i>(if applicable)</i>	

By signing this consent form, I agree to and understand the following:

- I agree to allow my responses to this survey to be disclosed and received by all agencies that participate in the ACES, via HMIS, to aid in determining if I may be connected to a housing program.
- I understand that information I provide will be shared with participating agencies and funding sources in New Mexico for the purpose of finding appropriate housing, supportive service and reporting. Information includes but is not limited to;
 - All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen survey; History of Housing and Homelessness, Risks, Socialization and Daily Functioning, Wellness, Health & Additional information.
- I agree to allow ACES staff to enter all the information provided through this survey into HMIS.
- I understand that completing this survey does not guarantee housing and/or supportive services program.
- I understand that this survey is not an application for housing but survey to match me to specific types of housing.
- I understand that additional information and documentation may be required at the time of housing availability.
- I understand that I, or my designated service provider, can be contacted about my survey.
- I understand that my participation **will expire** two (2) years after the date it is signed.
- I understand that I have a right to request a copy of this page form after I have signed it.

Sign below if you consent to participating the ACES

Your signature/s below indicates that you have read (or been read) the information provided above, have received answers to your questions, and have freely chosen to participate in ACES. By agreeing to be participating, you are not giving up any of your legal rights.

_____	_____	_____
Head of Household Printed Name	Head of Household Signature	Date
_____	_____	_____
Partner Printed Name	Partner Signature	Date

Note: Regardless of gender, if you're actively fleeing a domestic violence situation (including sexual assault, stalking, or dating violence) or are in fear for your safety because of a prior domestic violence situation, your information is protected under the Violence Against Women Act (VAWA) and will be de-identified in the secured shared data base.

By checking the box , you wish to have your information de-identified

Albuquerque Coordinated Entry System

Family Housing Survey

Initials:

I'll be honest; some questions are personal in nature. If you feel uncomfortable or upset during the interview, you may ask to take a break, skip any of the questions, or stop the survey. No one will be upset or angry if you decide to. If you do not understand a question, let me know and I will be happy to clarify. There are no right or wrong answers and there are no answers that will prevent you from receiving services, so please answer as honestly as you feel comfortable doing.

Questions					Response	
1. How many children under the age of 18 are currently with you?					#children	
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?					#children	
3. Is any member of the family currently pregnant?					Yes	No
4. Provide a list of children's ages						
Children		Age	Current with you		Will be joining you	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
5. Where do you and your family sleep most frequently? (Check ONLY one) <input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (<i>specify</i>):						
6. How long has it been since you and your family lived in permanent stable housing?						
7. In the last three years, how many times have you and your family been homeless?						
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?					#times	
b) Taken an ambulance to the hospital?					#times	
c) Been hospitalized as an inpatient?					#times	
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?					#times	
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?					#times	
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?					#times	
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?						
					Yes	No
10. Have you or anyone in your family threatened to or tried to harm them self or anyone else in the last year?						
					Yes	No
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?						
					Yes	No
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?						
					Yes	No
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?						
					Yes	No
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?						
					Yes	No
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?						
					Yes	No
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?						
					Yes	No

Albuquerque Coordinated Entry System Family Family Housing Survey

Initials:

Questions	Response	
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?	Yes	No
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?	Yes	No
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?	Yes	No
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Yes	No
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?	Yes	No
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?	Yes	No
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	Yes	No
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?	Yes	No
25. Will drinking or drugs use make it difficult for your family to stay housed or afford your housing?	Yes	No
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?	Yes	No
b) A past head injury?	Yes	No
c) A learning disability, developmental disability, or other impairment?	Yes	No
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?	Yes	No
28. Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	Yes	No
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?	Yes	No
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?	Yes	No
31. 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?	Yes	No
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	Yes	No
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?	Yes	No
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	Yes	No
35. Has any child in the family experienced abuse or trauma in the last 180 days?	Yes	No
36. Do your children attend school more often than not each week? (If there are school-aged children)	Yes	No
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?	Yes	No
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	Yes	No
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?	Yes	No

Albuquerque Coordinated Entry System Family Family Housing Survey

Initials:

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?	Yes	No
b) 2 or more hours per day for children aged 12 or younger?	Yes	No
41. 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? (If there are children both 12 and under & 13 and over)		
	Yes	No

Head of Household Information		
Do you have health insurance?	Yes	No
Do you have, or been told you have a disabling condition by a doctor, therapist, or psychiatrist, etc.	Yes	No
Is this the first time you have experienced homeless?	Yes	No
Where did you sleep last night? _____	How long have been sleeping there? _____ Months	
About how long have you been staying on the streets and/or in shelters this time? _____	_____ Months	
In the last three years, would you say you've been on the streets and/or in shelters... <input type="checkbox"/> More or <input type="checkbox"/> less than 12 months		
What's the household's monthly income? \$ _____	Do you have any non-cash benefits such as food stamps?	Yes No
Have you ever served at least one day active duty in the US Military?	Yes	No
Have you ever been a victim of Domestic Violence	Yes	No
How long have you lived in Albuquerque? <input type="checkbox"/> Life or _____ Years or _____ Months		
What was the last city & state you resided in before coming to here?		
What's the best way to contact you? This can include where you eat regularly, places you frequent throughout the week, where you check your mail, where you go for services, where you sleep at night, relatives or friends you may check-in regularly with, a case manager, an outreach worker, an email, a phone number. (Remember to update this information as it changes)		
Demographics		
What gender do you identify as? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly male or female <input type="checkbox"/> Questioning <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
What race do you most identify with? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American (Select all that apply) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client refused		
Tribal affiliation/Enrollment:		
Would you say that you are? <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Partner's Information & Demographics		
What gender do you identify as? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> A gender other than singularly male or female <input type="checkbox"/> Questioning <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
What race do you most identify with? <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American (Select all that apply) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client refused		
Tribal affiliation/Enrollment:		
Would you say that you are? <input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x) <input type="checkbox"/> Hispanic/Latin(a)(o)(x) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused		
Do you have, or been told you have a disabling condition by a doctor, therapist, or psychiatrist, etc.	Yes	No
Have you ever served at least one day active duty in the US Military?	Yes	No
Have you ever been a victim of Domestic Violence?	Yes	No