

# Albuquerque Coordinated Entry System

Date:

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

Initials:

## Individual Housing Survey

**Please note:** This survey, not an application, is intended for adults without minor children. If there are minor child in the household, please complete the family 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>	

### 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

**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**

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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. Where do you sleep most frequently? <b>(Check ONLY one)</b> <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> ):		
2. How long has it been since you and your family lived in permanent stable housing?		
3. In the last three years, how many times have you been homeless?	#times	
4. In the past six months, how many times have you...		
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 you 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 offense, or anything in between?	#times	
5. Have you been attacked or beaten up since you've become homeless?	Yes	No
6. Have you threatened to or tried to hurt yourself or anyone else in the last year?	Yes	No
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?	Yes	No
8. Does anybody force or trick you to do things that you do not want to do?	Yes	No
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 they don't know, share a needle, or anything like that?	Yes	No
10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	Yes	No
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	Yes	No
12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	Yes	No
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?	Yes	No
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused you to become evicted?	Yes	No
15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	Yes	No
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	Yes	No
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?	Yes	No
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?	Yes	No
19. When you are sick or not feeling well, do you avoid getting medical help?	Yes	No
20. Are you currently pregnant?	Yes	No
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?	Yes	No

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22. Will drinking or drugs use make it difficult for you to stay housed or afford your housing?	Yes	No
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?	Yes	No
b) A past head injury?	Yes	No
c) A learning disability, developmental disability, or other impairment?	Yes	No
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?	Yes	No
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	Yes	No
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	Yes	No
27. 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?	Yes	No

Additional Questions		
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 your regular 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?		
<p><b>What's the best way to contact you?</b> 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. <i>(Remember to update this information as it changes)</i></p>		
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 <b>(Select all that apply)</b> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client refused		
<b>Tribal affiliation/Enrollment:</b>		
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