Multnomah County Coordinated Access: TRIAGE

Triage

Opening Questions

1. If possible, would you prefer to talk in a language other than English? ☐ Yes ☐ No/No preference

1a. If yes, what language? _____ **1b.** Do you need an interpreter? ☐ Yes ☐ No

2. (Phone only): Are you in a place where you feel like you can speak freely and openly? ☐ Yes ☐ No

3. Do you have any immediate physical, medical, or safety needs that need to get addressed right away, before we talk about anything else? *(Common needs are medical care, food, or clothing)*

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If YES, provide referral to meet immediate need (see below).

If participant reports (or you observe evidence of) immediate danger or a life-threatening situation, ask if they would like you to help them connect with 911, if it is safe to do so, and if you have consent to call on their behalf.

4. What is your full name?

First _____

Middle_____

Last_____

Suffix ____

5. What are your pronouns?

☐ She/ Her ☐ He/Him
☐ They/Them ☐ Other (write in): _____
☐ Don't know ☐ Prefer not to answer

The term "domestic violence" refers to any pattern of behaviors that creates an unsafe environment for you or other members of your household. This includes (but is not limited to) physical, emotional, verbal, psychological, financial, or sexual abuse. This also includes stalking or using threats of harm to control you.

6. Are you or anyone in your household a survivor of domestic violence?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

6a. When was the last time someone engaged in any patterns of domestic violence behaviors toward you or someone in your household?

☐ Less than 3 months ago ☐ 3 to 6 months ago
☐ 6 to 12 months ago ☐ More than 1 year ago
☐ Don't know ☐ Prefer not to answer

6b. Are you or anyone in your household currently fleeing/trying to escape domestic violence?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

6c. If available, would you be interested in a confidential shelter option or other services? *(Not reported in HMIS. For service connection only)*

☐ Yes ☐ No

If yes to 6c, share the information below.

For immediate crisis services:

- Call to Safety: **503.235.5333**
- El Programa Hispano Proyecto UNICA: **503.232.4448**

For restraining order questions and 1-on-1 support with experienced advocates who will help you develop a plan or connect you with other services:

- Volunteer of America Oregon Home Free Restraining Order Hotline: **503.802.0506**
- The Gateway Center: **503.988.6400**

Prior/Current Living Situation

7. Where did you sleep last night?

Assessor Note: **DO NOT read response options aloud. Make <u>one</u> selection from the list on the right based on participant's response. Provide additional information below if unsure which option to select.**

_____

_____

8. How long have you been sleeping there?

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Participant doesn't know
- ☐ Participant prefers not to answer

If participant is in an <u>institutional/ temporary/permanent housing situation:</u>

9. On the night before you started sleeping where you are now, did you stay on the streets or in a shelter?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

If participant is in an <u>institutional/ temporary/permanent housing situation:</u>

10. Are you currently at risk of losing your housing and becoming literally homeless within 14 days?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

11. Are you seeking shelter/ a safe place to sleep tonight?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

11a. If shelter is not available (or if not seeking shelter), where do you plan to sleep tonight?

_____

DO NOT READ THESE OPTIONS ALOUD.

<u>Homeless Situation</u>

- ☐ Unsheltered homeless situation: Outside or other place not meant for human habitation (e.g., street, car, camp, bus/train/airport, etc.)
- ☐ Emergency Shelter, including hotel or motel paid for **with** an emergency shelter voucher

<u>Institutional Situation</u>

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison, or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

<u>Temporary Housing Situation</u>

- ☐ Hotel or motel paid for **without** emergency shelter voucher
- ☐ Staying or living in a friend's room, apartment, or house
- ☐ Staying or living in a family member's room, apartment, or house
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Transitional housing for homeless persons or youths

<u>Permanent Housing Situation</u>

- ☐ Owned by client, **WITHOUT** ongoing housing subsidy
- ☐ Owned by client, **WITH** ongoing housing subsidy
- ☐ Rental by client, **WITHOUT** ongoing housing subsidy
- ☐ Rental by client, **WITH** ongoing housing subsidy

Household Size and Composition

Note for Assessors (Do not read to participants): *These questions are used to determine if a household is eligible for resources from the adult system, family system, or both. Please make sure these responses are as accurate as possible.*

12. Including yourself, how many people currently live in your household? _____

13. How many children under the age of 18 are in your household? _____

13a. How many of those children are younger than 5 years old? _____

14. Are there any children under 18 that are not currently in your household but are likely to join your household in the future?

This includes any children who would live with you if you moved to a different housing situation.

☐ Yes ☐ No

☐ Don't know ☐ Prefer not to answer

15. Is anyone in your household currently pregnant or expecting a new child in the next 9 months?

☐ Yes ☐ No

☐ Don't know ☐ Prefer not to answer

16. Including yourself, how many adults in your household are 55 years old or older?

_____

IMPORTANT: Read the instructions below to determine whether to proceed with the assessment.

All households: If household is in a homeless situation, **PROCEED**.

All households: If household answered "Yes" to 6b (fleeing/attempting to flee domestic violence), **PROCEED**.

For single adults and adult-only households: If household is institutional/temporary /permanent housing situations, they must respond "Yes" to questions 9 (stayed on the streets or in a shelter) **AND** 10 (at risk of losing housing and becoming homeless within 14 days). Otherwise, **DO NOT PROCEED**.
However, adult-only households in Rapid Rehousing programs who qualify for/need Permanent Supportive Housing **MAY PROCEED**.

For households with minor children: If household is institutional/temporary/permanent housing situations **AND** responded "No" to question 10 (at risk of losing housing and becoming homeless within 14 days), **DO NOT PROCEED**.

REFER TO 211 OR OTHER PROVIDERS IF CURRENTLY IN OWN RENTAL UNIT (NAME ON LEASE) & NEEDS RENT ASSISTANCE.

Coordinated Access to Housing: Housing Barriers Assessment

Introductory Script

Welcome to the Coordinated Access to Housing assessment. This assessment is designed to understand your household's current housing situation as well as any housing-related barriers that your household has faced. Your responses will not be used to prevent you from accessing services. You are free to skip questions, but leaving questions unanswered is likely to affect our ability to identify the services and resources that are most likely to be available for your household. This assessment typically takes 15-30 minutes to complete.

Please note: Housing resources in the Coordinated Access System are limited. Therefore, other strategies, services, and referrals may be recommended as part of a plan to get you stably housed.

Housing History/Prior Living Situation

If currently in homeless situation:

17. What is the approximate date you became homeless most recently?

_____/_____/_____ **[mm/dd/yyyy]**

☐ Don't know ☐ Prefer not to answer

If currently in homeless situation:

18. Regardless of where you stayed last night, how many times have you been on the street, in shelters, on someone's couch, or anything like that **in the past three years**?

☐ 1 time ☐ 2 times ☐ 3 times ☐ 4+ times
☐ Never ☐ Don't know ☐ Prefer not to answer

If currently in homeless situation:

19. What is the total number of months you have been on the street, in shelters, on someone's couch, or anything like that **in the past three years**?

Total Months: _____

☐ Don't know ☐ Prefer not to answer

20. In what neighborhood or part of town do you usually stay?

Name of neighborhood or part of town:

_____

☐ Don't know ☐ Prefer not to answer

Households WITHOUT minor children ONLY:

21. Have you or any of your ancestors (including parent, guardian, or grandparent) ever lived in North or Northeast Portland?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

If yes to question 21:

21a. Have you applied for housing through the City's North/Northeast Portland Preference Policy?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

Income

Understanding your household income and the sources of that income will help us better understand your housing needs and determine which services might be a good fit for your household.

Note: Income includes any cash received, including earned income or cash benefits like social security. It does not include food stamps or other non-cash benefits.

22. Tell me about your household income. Do you have a steady/ regular source of income?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

22a. (If yes to 22): How much do you receive before taxes on a monthly basis?

$_____ x 12 =$_____

22b. (If no to 22): Please estimate how much income you usually receive weekly, monthly, or annually:

Weekly: $_____ x 52 =$_____
Monthly: $_____ x 12 =$_____

Annually: $_____

23. ***ASSESSOR ONLY: Please refer to the chart below to determine income category.***

☐ *30% AMI or less* ☐ *31%– 50% AMI* ☐ *51% AMI or greater*

2026 Area Median Income (AMI) Percentages		
Household Size	**Annual Income 30% AMI**	**Annual income 50% AMI**
1 person	$26,950	$44,950
2 people	$30,800	$51,350
3 people	$34,650	$57,750
4 people	$38,500	$64,150
5 people	$41,600	$69,300
6 people	$44,700	$74,450
7 people	$50,040	$79,550
8 people	$55,720	$84,700

Demographic Information

24. Please provide your date of birth.

(MM/DD/YYYY): ____/____/_____

☐ Don't know ☐ Prefer not to answer

IF FULL DOB NOT PROVIDED:

25. What is your age range?

☐ 18-24 ☐ 25-44 ☐ 45-54 ☐ 55-69 ☐ 70+

26. What is your social security number?

___ ___ ___ - ___ ___ - ___ ___ ___ ___

☐ Don't know ☐ Prefer not to answer

27. Do you or anyone in your household identify as LGBTQIA2S+?

☐ Yes, me ☐ Yes, a household member

☐ No ☐ Don't know ☐ Prefer not to answer

28. Which of these genders best describes how you identify? (Select all that apply.)

☐ Woman (girl if child)
☐ Man (boy if child)
☐ Transgender
☐ Questioning
☐ Non-Binary (e.g., genderfluid, agender)
☐ Culturally-Specific identity (e.g., Two-Spirit)
☐ Different Identity (Write in)

_____

☐ Don't know ☐ Prefer not to answer

29. What is your race and ethnicity? (Select all that apply.)

☐ American Indian, Alaska Native, or Indigenous
☐ Asian or Asian American
☐ Black, African American, or African
☐ Hispanic / Latin(a)(o)(e)(x)
☐ Middle-Eastern or North African
☐ Native Hawaiian or Pacific Islander
☐ White
☐ Additional Race and Ethnicity detail:

_____

☐ Don't know ☐ Prefer not to answer

Veteran Screener Questions

The next few questions will help us better understand your eligibility for services that exclusively work with former members of the United States Armed Forces.

30. Have you ever served one day or more in the U.S. armed services (U.S. Military)? This includes the Army, Navy, Marine Corps, Coast Guard, or Space Force).

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

*If the participant says yes, but did not provide their social security number above, be sure to let the veteran know that providing a **full** social security number will help determine their eligibility for certain programs and funding.*

30a. Has anyone else in your household served one day or more in the U.S. Armed Services (U.S. Military)? This includes the Army, Navy, Marine Corps, Coast Guard, or Space Force).

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

Veteran Follow-up Questions (*ONLY ASK IF YES TO #29 or #29a*)

30b. Were you ever called into active duty as a member of the National Guard or as a Reservist?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

30c. Are you receiving any type of benefit through the Department of Veteran Affairs?

☐ Yes ☐ No ☐ Don't know ☐ Prefer not to answer

Health

Sharing information about your household's health conditions will help us better understand your housing needs.

31. Do **you** have disabling conditions or other health conditions that impact your ability to secure housing?

(It doesn't have to be diagnosed. Examples of disabling conditions include physical disabilities, mental health conditions, vision or hearing impairments, brain injury, learning disabilities, substance use disorders (alcohol/drugs/other substances), HIV, and other health conditions of long-duration).

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

32. Do **any other household members** have disabling conditions or other health conditions that impact your ability to secure housing? It doesn't have to be diagnosed.

(Examples of disabling conditions include physical disabilities, mental health conditions, vision or hearing impairments, brain injury, learning disabilities, substance use disorders (alcohol/drugs/other substances), HIV, and other health conditions of long-duration).

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

For households with minor children:

33. In total, how many health or disabling conditions are present in the entire household that might impact your ability to secure housing?
(see previous question for examples)

☐ One ☐ Two ☐ Three ☐ Four or More
☐ None ☐ Don't know ☐ Prefer not to answer

For households WITHOUT minor children:

34. Has the impact of a health condition ever led you or anyone in your household to lose housing?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

Eviction History

Past evictions can make it difficult to find housing in the future. Learning more about your household's eviction history will help us understand your housing needs and determine which services might be a good fit for your household.

35. In the last five years, how many times have you or anyone in your household been formally evicted? (e.g., had a sheriff or law enforcement notice taped to front door—anything that might show up in a credit report, court records, or tenant screening databases) ***If more than one adult was evicted in the last five years, report the number of evictions received by the adult in the household with the highest number of evictions.***

☐ No rental evictions ☐ One rental eviction
☐ Two or more rental evictions
☐ Don't know ☐ Prefer not to answer

Documentation Accessibility

It can be challenging to access and maintain housing when you have difficulty accessing certain important documents. Understanding whether your household has difficulty obtaining certain documents helps to understand your housing needs.

36. Would you or anyone in your household have difficulty accessing any of the following documents? (Select all that apply)

☐ Birth Certificate
☐ State Issued ID (Adults only)
☐ Social Security Card
☐ Verification of Disability
☐ Verification of Income
☐ Other documents needed for housing (specify if participant mentions something else here):
_____
☐ Don't know ☐ Prefer not to answer

Legal Challenges

Issues with the legal system can often lead to housing instability. Understanding the legal issues that your household faces will help to understand your housing needs.

37. Have you or anyone in your household ever been arrested or spent time in jail or prison?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

38. ***(If yes to #37)*** Has being arrested or spending time in jail ever led you or anyone in your household to lose housing?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

Social Support

39. Do you feel that there is anyone you can count on to help you when you need it? (e.g., family, friends, other communities of support that provide emotional support, occasionally provide financial assistance or a place to stay)?

☐ **Yes** ☐ **No**
☐ **Don't know** ☐ **Prefer not to answer**

Contact Information

How can we contact you to follow up in the future?

Participant's Information:

Primary Phone: _____

Safe to leave a phone message? ☐ Yes ☐ No

Ok to send texts? ☐ Yes ☐ No

Secondary Phone: _____

Email: _____

Physical Location: _____

Other: _____

Secondary contact person (optional):

Name: _____

Phone: _____

Email: _____

Multnomah County Coordinated Access: HOUSING BARRIERS ASSESSMENT

Thank you for taking the time to complete the Coordinated Access assessment with me.

Assessor Information and Observations

Date of Assessment: _____

Assessor Name: _____

Assessor Organization: _____

Assessor Phone: _____

Assessor Email: _____

From your interactions and observations, do you have reason to believe that information from this assessment was underreported, misreported, or not collected accurately? ☐ Yes ☐ No

If yes, please explain:

_____

_____

_____

HOUSING PROBLEM SOLVING QUESTIONNAIRE

Date of Conversation: _____

Note: Please enter responses to these questions in the "Problem Solving and Referral Events" assessment on HMIS. Use the "Coordinated Entry Event" sub-assessment to answer Questions 1 and 2. Use the "Housing Problem Solving" sub-assessment to enter questions 3-5.

Coordinated Entry Event
1. Did you have a housing problem solving conversation with the participant? ☐ Yes ☐ No
2. Was the participant housed/re-housed in a safe alternative **as a result of the housing problem solving conversation**? ☐ Yes ☐ No

Housing Problem Solving
3. What was the outcome of the housing problem solving conversation? ☐ Housing crisis temporarily/permanently resolved **without** financial assistance ☐ Housing crisis temporarily/permanently resolved **with** financial assistance ☐ Housing crisis was **NOT** resolved (participant's current housing situation remains unsafe or unstable)
4. If participant's housing crisis was resolved with financial assistance, how much was needed? *If no HPS-related financial assistance was needed at this time, enter $0.* Dollar amount of financial assistance requested: $_____
5. Notes: _____ _____ _____

FAMILY SHELTER WAITLIST (ADDITIONAL QUESTIONS)

*Only ask these questions of families with minors ("Yes" to Question #13 or #14) who also answered "Yes" to Question #11 "*Are you seeking shelter/ a safe place to sleep tonight?" *Note: Please enter responses to these questions in the "MultCo Family Shelter Waitlist (FSWL)" provider in HMIS.*

1. How many adults, including you, would be going into shelter together? _____

2. Is anyone in the household unable to go up and down stairs due to mobility issues?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

3. How many children under the age of 18 would be going into shelter with you?

_____

4. What are the ages of the children?

_____

_____

5. If any household member is pregnant, is the pregnant household member currently in their third trimester of pregnancy (28+ weeks)?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

6. Do you need a vehicle parking space?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

7. Number of parking spaces needed: _____

8. Do you or anyone in the household have any pet, service animals, or companion animals that would stay with you in shelter?

☐ Yes ☐ No
☐ Don't know ☐ Prefer not to answer

9. How many pets, service, or companion animals in total would stay with you in shelter? _____

Type of Animal	**Is the animal documented as a Service Animal, Emotional Support Animal, or Companion?**
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

10. List all additional adult family members that would join you in shelter.

First Name	**Last Name**	**Relationship to Head of Household**	**Preferred Language**	**Phone Number**	**Email**	**Preferred Contact**

Other contacts:

_____
_____
_____
_____

Special Needs/Additional Notes:

_____
_____
_____
_____