

CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: 31416

Client Profile (required questions are shaded)

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

HMIS Consent signed (Release of Information Permission): ☐ No ☒ Yes Date consented (Start date): 08 / 26 / 2020

Assessment Location: PASADENA Assessment Type (Please circle one): Phone / Virtual / In Person

Assessment Level (Please circle one): Crisis needs assessment / Housing needs assessment

Social Security Number	<u>123 - 456 - 789</u>		
Quality of SSN	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Approximate or partial SSN reported <input type="checkbox"/> Client refused		
Last Name	<u>DUMBLEDORE</u>		
Middle Name	<u>PERCIVAL WULFRIL</u>	Suffix:	<u>Sr.</u>
Maiden Name	<u>BRIAN</u>		
First Name	<u>ALBUS</u>		
Alias	<u>DUMBLEDORE</u>		
Quality of Name	<input type="checkbox"/> Full name reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Partial, street name, or code name reported <input type="checkbox"/> Client refused		
Date of Birth	<u>06 / 30 / 1997</u>		
	If the person is 60 years of age or older, then score 1.		Score: <u>1</u>
Quality of DOB	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Approximate or partial DOB reported <input type="checkbox"/> Client refused		
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input checked="" type="checkbox"/> Male <input type="checkbox"/> Client refused <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Data not collected <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female)		
Pronoun(s): Such as she/her/hers, he/him/his, they/them/theirs, etc.	<u>HE / HIM / HIS</u>		
Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input checked="" type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client refused		
Race	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> Client doesn't know <input type="checkbox"/> Asian <input type="checkbox"/> Client refused <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Data not collected		
Primary Language	<input checked="" type="checkbox"/> English <input type="checkbox"/> Portugese <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> French <input type="checkbox"/> Swedish <input type="checkbox"/> Italian <input type="checkbox"/> American Sign Language <input type="checkbox"/> German <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Greek <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Polish <input type="checkbox"/> Client refused		