

# CES Survey Part 1: Basic Intake, VI-SPDAT

Client Name / HMIS ID: \_\_\_\_\_

## 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): \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

<b>Social Security Number</b>	____ - ____ - ____		
<b>Quality of SSN</b>	<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Last Name</b>			
Middle Name	Suffix:		
Maiden Name			
<b>First Name</b>			
Alias			
<b>Quality of Name</b>	<input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Date of Birth</b>	____/____/____		
	If the person is 60 years of age or older, then score 1.		Score:
<b>Quality of DOB</b>	<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Gender</b>	<input type="checkbox"/> Female <input type="checkbox"/> Client doesn't know <input 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.			
<b>Ethnicity</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Race</b>	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	
<b>Primary Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> German <input type="checkbox"/> Greek <input type="checkbox"/> Polish	<input type="checkbox"/> Portugese <input type="checkbox"/> Russian <input type="checkbox"/> Swedish <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other (specify: _____) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused	