



Coordinated Entry Score & Intervention Adjustment Request

Please complete and submit this form to the CoC Coordinated Entry Chair at least 5 business days prior to the next CHAT meeting. The CHAT committee will meet for case conferencing the 1st Wednesday of every month unless otherwise arranged. This submission must include: Original VI-SPDAT, VI-SPDAT Score Adjustment Proposal, as well as any proofs and documentation (when available) that support the Adjustment Proposal. Acceptable proofs and documentation include (but are not limited to): medical records, court records, and criminal records.

Agency Name: _____ Case Manager: _____

Client HMIS ID #: _____ Submission Date: _____

VI-SPDAT Findings:

This VI-SPDAT used and resulted in this score:

Family VI-SPDAT for Households with *minor children* - Score: _____

VI-SPDAT for Adult Individuals - Score: _____

Estimated VI-SPDAT (complete section below)

Transitional Youth VI-SPDAT for Transition Aged Youth Individuals (aged 18 - 24) - Score: _____

VI-SPDAT was completed, but client denies sharing

Noteworthy factors impacting severity of service needs exist (complete section below)

Estimated VI-SPDAT scoring considerations:

A VI-SPDAT score could not be determined because (complete one of the following):

The client is not willing to complete the VI-SPDAT survey, explain efforts made to complete VI-SPDAT:

The client is unable to recall or report the answers to the questions on the VI-SPDAT survey

The client under-reported their vulnerability or needs in the following way(s):

The client over-reported their vulnerability or needs in the following way(s) (be specific):

I estimate the client's correct VI-SPDAT score to be: _____

Discuss estimated VI-SPDAT score and your rationale with your supervisor prior to contacting the CoC CE Chair to request adjustment.



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Noteworthy factors impacting severity of service needs (based on the worker's assessment):

(The following is to be used to convey a client's severity of need or vulnerability, justify an adjusted VI-SPDAT score, and assist with case conferencing.)

I have profound concern for this client's well-being due to (check all that apply):

Extremely frail physical health (explain):

Fragile or rapidly deteriorating mental health, including (mark each of the observed signs and explain):

Disconnected from reality

Instructing harmful behavior

Other _____

Reports hearing voices

Severe disorientation

Explain:

The client is being targeted for abuse, hate activity, etc. due to (check possible reasons and explain):

Mental status

Religion

Is being stalked by a predator or abuser,

Gender identity or expression

Disability

Explain:

The client engages in very risky elements of the street economy (explain):

Other severe risks or concerns (provide details):

This client is especially challenging to engage productively because:



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The client has difficulty (check all that apply):

Recognizing staff

Remembering prior discussions between encounters.

Engaging relationally /interpersonally

The client has little interest in reengaging in services.

The client maintains little hope that any services will be helpful to them.

The client is difficult to locate on a routine basis due to (check what applies):

Frequent incarceration

Frequently admitted to hospitals.

The client is unable to tolerate or endure lengthy or multi-staged assessment processes.

The client is unable to sustain goal-directed efforts for a span of time adequate to achieve completion of forms and other tasks.

The client does not acknowledge (check all that apply and explain):

Any difficulties

Does not wish to have either difficulties or disabilities documented

Disabilities

Explain:

Other challenges:

Other factors:

The client seems to lack ability or resolve to keep self-safe.

The client does not seek or initiate services.

The client is unsheltered and sleeps (list the location): _____

The client is extremely isolated, and does not have support of any friends, family, or other peers or community.

The client has difficulty accessing safe and respectful services and care due to gender or sexual identity or expression.

The client has limited mobility AND is not able to access shelters or travel easily.

The client is frequently targeted by negative attention from residents, businesses, and / or police as evidenced by:

The client is pregnant and/or has children age 6 or under.



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TO BE COMPLETED BY COC CHAT REP

VI-SPDAT Score Adjustment Proposal: Approved _____ Denied _____

Original intervention prioritization (check)

No housing intervention/SSO Only RRH TH PSH

Adjusted Intervention prioritization(check)

No housing intervention/SSO Only RRH TH PSH

If the committee has denied a Score Adjustment Proposal, please provide a brief explanation for denial:

Committee Representative Signature

Date

If approved forward to HMIS@dupageco.org to adjust score & upload to clients HMIS CES record