



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.

Scoring

The following covers each section of the VI-SPDAT Assessment. Please indicate the original score and the adjusted score for each section as applicable. Please note this request refers to the total score per section (A, B, C, D), not the scores per sub-section.

A. History of Housing and Homelessness
Original Score ____
Adjusted Score ____

B. Risks



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Original Score ____
Adjusted Score ____

- C. Socialization and Daily Functioning
Original Score ____
Adjusted Score ____

- D. Wellness
Original Score ____
Adjusted Score ____

Please summarize the main factors attributing to your estimated score:

_____ Agency Staff Signature	_____ Position	_____ Date
_____ Supervisor Signature	_____ Position	_____ Date



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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