

## Denver PSH Match Initiation Form

This Match Initiation Form includes questions that will assist with making a match to a unit of Permanent Supportive Housing in your community. These questions will assess for basic eligibility requirements of these resources, making it possible to prioritize housing placements for those with the highest acuity as determined by the VI-SPDAT Screener. This form will also document client preference relative to where he/she would like to live in permanent housing, making the unit match possible for their community of origin (where they are currently homeless) or their top two community preferences. The VI-SPDAT Screener or Family SPDAT Screener must be filled out before this form, either administered at the same time as these Screener, or sometime thereafter.

1. What is the Unique Client Identifier of the client ready for housing match?	2. Is this Match Initiation Form being submitted for an individual or family?  <div style="text-align: center;"> <input type="checkbox"/> Individual    <input type="checkbox"/> Family         </div>
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### BACKGROUND INFORMATION

3. First Name of Point of Contact (POC) working on housing this Client: <i>POC will be the person contacted to match this client with permanent supportive housing. In most cases, the POC will be the client's Navigator.</i>	4. Last Name of POC working on housing this Client:
5. Agency the POC is affiliated with:	6. Phone number of POC:
7. Email of POC:	8. Has Client signed a Release of Information? <i>If not, the client must sign a release before the Housing Matching Process can begin</i>  <div style="text-align: center;"> <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>

### QUESTIONS TO ASSIST WITH HOUSING MATCH

































9. Do you need an individual or family unit?	<div style="text-align: center;"> <input type="checkbox"/> Individual    <input type="checkbox"/> Family         </div>
10. If a family unit is needed, how many children (under 18) for whom you have full legal custody will be living with you?	<div style="text-align: center;"> <input type="checkbox"/> Not Applicable  <input type="checkbox"/> 1 child    <input type="checkbox"/> 2 children  <input type="checkbox"/> 3 children    <input type="checkbox"/> 4 children  <input type="checkbox"/> 5 children    <input type="checkbox"/> 6 children  <input type="checkbox"/> 7 children    <input type="checkbox"/> 8 children         </div>
11. If a family unit is needed, are there any adults (18+) who will be living in the unit?	<div style="text-align: center;"> <input type="checkbox"/> Not Applicable  <input type="checkbox"/> Yes    <input type="checkbox"/> No         </div>
12. If one or more adults in addition to you will be living in the unit, please list each adult and his/her relation to you.	

13. If a family unit is needed, how many bedrooms are required?	<input type="checkbox"/> Not Applicable - I need an individual unit <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms
14. Do you need shared housing? <i>Two or more unrelated people share a 2 or more bedroom unit.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Which county do you live in?	<input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Boulder County <input type="checkbox"/> Broomfield County <input type="checkbox"/> Denver County <input type="checkbox"/> Douglas County <input type="checkbox"/> Jefferson County

## COMMUNITY PREFERENCES

16. Which of the following communities/regions would be your <b>FIRST</b> choice for housing?	<input type="checkbox"/> Anywhere in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, or Jefferson Counties (Wherever I will be placed into housing most quickly) <input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Boulder County <input type="checkbox"/> Broomfield County <input type="checkbox"/> Denver County <input type="checkbox"/> Douglas County <input type="checkbox"/> Jefferson County
17. Which of the following communities/regions would be your <b>SECOND</b> choice for housing? <i>Only applies to clients who chose a specific Colorado county as their first choice.</i>	<input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Boulder County <input type="checkbox"/> Broomfield County <input type="checkbox"/> Denver County <input type="checkbox"/> Douglas County <input type="checkbox"/> Jefferson County
18. Which of the following communities/regions would be your <b>THIRD</b> choice for housing? <i>Only applies to clients who chose a specific Colorado county as their first choice.</i>	<input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Boulder County <input type="checkbox"/> Broomfield County <input type="checkbox"/> Denver County <input type="checkbox"/> Douglas County <input type="checkbox"/> Jefferson County

## FINAL QUESTIONS TO ASSIST WITH HOUSING MATCH

<p>19. Which of the following documents do you have with you or have easily accessible?</p>	<ul style="list-style-type: none"> <li> Colorado-Issued ID Card or Driver's License (or receipt of application)</li> <li> Social Security Card (or receipt of application)</li> <li> Birth Certificate</li> </ul>
<p>20. What are your sources of income right now? <i>Select all that apply. Note: If Client refuses to answer, Housing Match cannot begin.</i></p>	<ul style="list-style-type: none"> <li> Refused to Answer</li> <li> No Income</li> <li> General Relief (GR)</li> <li> SSI</li> <li> SSDI/SSA</li> <li> VA</li> <li> Food Stamps</li> <li> Work</li> <li> Other: _____</li> </ul>
<p>21. How much income do you receive in total each month? <i>Answer can be rounded to the nearest \$10 and should NOT include the value of Food Stamps. Please write without the "\$" sign or commas.</i></p>	
<p>22. What kind(s) of health insurance do you have, if any?</p>	<ul style="list-style-type: none"> <li> None</li> <li> Medicaid</li> <li> Medicare</li> <li> Colorado Indigent Care Program (CICP)</li> <li> Veterans Administration (VA) Medical Services</li> <li> Private Insurance</li> <li> State Health Insurance for Adults</li> <li> COBRA</li> <li> Employer-Provided Health Insurance</li> <li> Other: _____</li> </ul>
<p>23. Are you already receiving supportive services that can/will follow you into supportive housing?</p>	<p> Yes    No</p>
<p>24. If yes, what agency provides those supportive services?</p>	
<p>25. Have you ever been a patient at any of the following Hospitals and/or at a Denver Health Clinic? <i>If other, please state the name of the specific health facility.</i></p>	<ul style="list-style-type: none"> <li> No</li> <li> Denver Health</li> <li> VAMC</li> <li> Stout Street Clinic</li> <li> Metro Community Provider Network</li> <li> Other: _____</li> </ul>
<p>26. Are you currently or have you ever received treatment for mental health issues?</p>	<p> Yes    No</p>

27. If you selected "Yes" in question 26, what are the names of all clinics, hospitals and/or agencies that you are currently receiving treatment from?	
28. What is your citizenship status?	<input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Legal Resident <input type="checkbox"/> Asylee, Refugee, or other Eligible Immigrant <input type="checkbox"/> Ineligible Immigrant (including Undocumented)
29. Do you have a permanent physical disability that limits your mobility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. If yes, please describe the limits to your mobility:	
31. Have you ever been evicted from housing or abandoned a unit, of which your name was on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. If yes, approximate month and year of last eviction: <i>If you are unsure of the day, please write in "1" to indicate the first day of the month.</i>	Month: _____ / Day: _____ / Year: _____
33. Were any of the evictions from Public Housing Authority units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. If you've been evicted from a PHA unit, was it due to fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. If yes, approximate month and year of the last eviction due to fraud: <i>If you are unsure of the day, please write in "1" to indicate the first day of the month.</i>	Month: _____ / Day: _____ / Year: _____
36. If you've been evicted from a PHA unit, was it due to unit damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. If applicable, approximate month and year of the last eviction due to unit damage: <i>If you are unsure of the day, please write in "1" to indicate the first day of the month.</i>	Month: _____ / Day: _____ / Year: _____
38. If you've been evicted from a PHA unit, do you owe money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. If you selected "Yes" in question 38, do you have a payment plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Are you currently, or have you in the past two years, been on parole, probation or in a diversion program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. If yes, please describe all felonies for which you have been convicted?	
43. If yes, when was the month and year of your last conviction? <i>If you are unsure of the day, please write in "1" to indicate the first day of the month.</i>	Month: _____ / Day: _____ / Year: _____

44. If you've been convicted, were any of the felonies considered violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. If yes, when was the month and year of your last violent felony conviction? <i>If you are unsure of the day, please write in "1" to indicate the first day of the month.</i>	Month: _____ / Day: _____ / Year: _____
46. Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have you ever been convicted of arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Are you currently on probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. If you are receiving disability benefits (Social Security, VA, or other), what is/are the disabling condition(s) for which you receive payments?	
51. Do you need a smoking or non-smoking apartment?	<input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking
52. Do you use an accompaniment (service) animal? <i>Please only specify "Yes" if the pet is required rather than just nice to have.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. Do you have a pet? <i>Please only specify "Yes" if this is a non-required pet.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
54. If yes, what type of pet is it?	
55. Are there other requirements or requests around permanent housing that we need to be aware of? If so, please list them. <i>Please include here details not covered elsewhere (e.g. needs ground-floor unit, has a dog/pet, etc.) to help ensure that the housing match meets the client's needs.</i>	
56. Are you willing and able to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
57. Date this Match Initiation Form is being submitted:	Month: _____ / Day: _____ / Year: _____

Thank you for completing the Match Initiation Form. Assuming this form is complete and all the required documents listed in question 19 are available, the matching process will begin.