

St. Louis County Project Homeless Connect

*Summary of guests served on
October 24, 2007*

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Introduction

This brief report summarizes information about the guests served at the Duluth/St. Louis County Project Homeless Connect event on October 24, 2007 at the Duluth Convention Center. This event was the second Project Homeless Connect to be held in Duluth, and the first event in Duluth to use HMIS for its evaluation and reporting.

Overall, Duluth/St. Louis County Project Homeless Connect served:

- 344 households
- 445 individuals
- 53 children age 17 or younger
- Six unaccompanied youth age 17-21

After a discussion of data collection methods this report presents a brief comparison to the population of guests served at the Duluth/St. Louis County Project Homeless Connect held in October 2007. This report also includes a series of tables summarizing characteristics of guests served at Project Homeless Connect, including: basic demographics, living situation, income and sources of assistance, services sought, and a de-duplication of guests served at Project Homeless Connect with records of persons known to be previously served by agencies in Minnesota who serve those experiencing or at risk of experiencing homelessness.

Methods

The data reported below were collected on paper by volunteer intake workers on the day of the event, using the form found in Appendix A. The data were later entered into Minnesota's Homeless Management Information System (HMIS) by a team of trained data entry volunteers. Minnesota's HMIS is a statewide database that includes client-level data from many agencies that serve people experiencing homelessness or at risk of experiencing homelessness.¹

Project Homeless Connect guests received consent forms and were recorded as "anonymous" if they preferred to not have personally identifiable information entered into the HMIS. As a result, 34 of the 344 households served (10%) were entered without the ability to run matches in the HMIS database to see whether they have prior service

¹ For more information, see www.hmismn.org

records, or to see whether they will be served elsewhere in the near future. The clients who agreed to be entered with identifiable information were entered as “unnamed clients.” That is, their names were only held temporarily by the database. Upon entering the client name in the initial data entry screen, the database automatically generated a unique identifier comprised of parts of the name, date of birth, and gender. The database then discarded the name. The creation of the unique identifier, however, enabled Wilder Research to match Project Homeless Connect guests with the records of those served by other programs participating in Minnesota’s HMIS.

Comparison with previous Duluth Project Homeless Connect event

The Duluth/St. Louis County Project Homeless Connect in October 2007 served 344 households, compared to 163 households in October 2006. The two events served a similar population in terms of gender and age. The average age of attendees at the October 2007 was 43 years, compared to 41 years in October 2006. At the October 2007 event, 45 percent of individuals served were female, 52 percent were male, and 3 percent unknown. In October 2006, 42 percent of individuals served were female and 51 percent were male, and 7 percent unknown.

At the 2007 event, the proportion of American Indian clients served increased. At the 2006 event in Duluth, the two largest racial groups served identified as white (47%) and American Indian or Alaskan Native (29%). At the 2007 event, 40 percent of guests identified as white and 35 percent of guests identified as American Indian or Alaskan Native.

A very similar number of 2007 Project Homeless Connect guests identified themselves as single, with a family, and an unaccompanied youth as did in 2006. At both events, approximately 75 percent of guests identified as single while 16 percent identified as being part of a family. There was a slightly smaller proportion of unaccompanied youth at the 2007 event, with 2 percent identifying themselves as unaccompanied youth, compared to 6 percent in 2006.

Fewer guests at the 2007 event reported serving in the Armed Forces, with 14 percent identifying as a veteran, compared to 19 percent in 2006. More guests in 2007 reported having a disability of long duration, with 54 percent reporting a disability, compared to 39 percent reporting a disability in 2006.

Demographic characteristics

1. Households served, as presenting at event, by head of household

	Male	Female	Total
In households without children			
Adults	163	113	276
Unaccompanied Youth (14-21)	2	3	5
<i>Sub-total</i>	<i>165</i>	<i>116</i>	<i>281</i>
In families with children			
Adults	20	42	62
Unaccompanied Youth (14-21)	0	1	1
<i>Sub-total</i>	<i>20</i>	<i>43</i>	<i>63</i>
TOTAL			344

2. Age of household head

	Male	Female	Total*
14-17	1 (1%)	2 (1%)	3 (1%)
18-21	10 (5%)	16 (10%)	26 (7%)
22-24	4 (2%)	8 (5%)	12 (4%)
25-34	16 (9%)	30 (19%)	46 (13%)
35-44	47 (25%)	30 (19%)	77 (22%)
45-54	61 (33%)	44 (28%)	105 (30%)
55-64	20 (11%)	17 (10%)	37 (11%)
65-79	5 (3%)	1 (1%)	6 (2%)
80+	0	1 (1%)	1 (<1%)
(Ages Missing)	21 (11%)	10 (6%)	31 (9%)
TOTAL	185 (100%)	159 (100%)	344 (100%)
<i>Average age (mean)</i>	<i>45</i>	<i>40</i>	<i>43</i>

3. Race & ethnicity of household head

	Number	Percentage
American Indian/Alaskan Native	122	36%
Asian	2	1%
Black/African American	44	13%
Native Hawaiian/Other Pacific Islander	5	2%
White	138	41%
Other	7	2%
Other Multi-Racial	13	4%
Missing	13	4%
TOTAL	344	100%
Hispanic/Latino (any race)	94	6%

* Up to two categories, including "other multi-racial," were recorded for each guest. The answers are reported here in a manner consistent with reporting used by the U.S. Department of Housing and Urban Development.

4. Disability, veterans status, and previous experience with Project Homeless Connect*

	Adults			
	Single males n=163	Single females n=113	Families with children n=62	ALL** n=1,476
Has a disability of long duration	60%	57%	40%	54%
Served in US military?	22%	6%	7%	14%
Has been to a Project Homeless Connect event like this one before*	17%	20%	5%	16%

* Previous experience according to self-report (not through de-duplicating with prior events).

** Includes 6 youth not included in preceding columns

Living situation

5. Homeless status of household head, HUD Definition*

	Number	Percentage
Yes	133	39%
No	175	51%
Missing	36	10%
TOTAL	344	100%

* As defined by HUD, a person is considered homeless if he or she "lacks a fixed, regular, and adequate nighttime residence; and has a primary nighttime residence that is a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); b) an institution that provides a temporary residence for individuals intended to be institutionalized; or c) a public or private space not designed for, or ordinarily used as, a regular sleeping accommodation for human beings."

6. Chronic Homeless status of household head, HUD Definition*

	Number	Percentage
Yes	94	27%
No	211	62%
Missing	39	11%
TOTAL	344	100%

* As defined by HUD a person is considered chronically homeless if or she is "an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

7. Homeless status of household head, Minnesota Definition

	Number	Percentage
Not currently homeless	128	37%
Long term: At least 1 year OR at least 4 times in past 3 years	64	19%
1st time homeless and less than 1 year without home	48	14%
Multiple times homeless, but NOT meeting LTH definition	33	10%
Unknown	71	20%
TOTAL	344	100%

* Some guests identified as “not currently homeless” and also indicated living with family or living with friends (see table below for living situations).

** Some guests identified as “not currently homeless” but also indicated living in situations typically considered homeless (emergency shelters, and transitional housing programs for the homeless).

8. Living situation last night, by household

	Number	Percentage
Rental house or apartment	87	25%
Living with friends	61	18%
Owned house or apartment	38	11%
Other (unspecified)	33	10%
Emergency shelter	31	9%
Living with family	29	8%
Place not meant for habitation	14	4%
Missing/don't know/refused	13	4%
Transitional housing for homeless	10	3%
Hotel or motel (without an emergency voucher)	11	3%
Permanent housing for formerly homeless	8	2%
Substance abuse treatment center	4	1%
Foster care/group home	4	1%
Hospital	1	<1%
TOTAL	344	100%

9. City where household stayed last night

	Single males n=163	Adults Single females n=113	Families with children n=62	ALL* n=344
Duluth	85%	81%	83%	83%
Other	4%	3%	2%	4%
Missing	11%	16%	15%	13%

* Includes 6 youth not included in preceding columns.

Income and sources of assistance

10. Household income sources last 30 days*

	Adults			ALL *** n=344
	Single males n=163	Single females n=113	Families with children n=62	
General Assistance	24%	22%	18%	22%
Social Security (other)	24%	20%	18%	22%
SSDI	23%	20%	16%	21%
No income sources	15%	17%	15%	15%
Employment*	9%	12%	11%	10%
Other income sources**	4%	8%	7%	8%
MFIP	0%	4%	27%	7%
Contributions from others	4%	5%	7%	6%

* Includes temporary employment and day labor.

** The "other" sources reported included child support payments, tribal payments, veterans benefits, donating plasma, unemployment benefits, and other miscellaneous sources.

*** Includes 6 youth not included in preceding columns.

11. Other assistance currently received by household*

	Adults			ALL * n=344
	Single males n=163	Single females n=113	Parents/ Guardians n=62	
Medical assistance	53%	63%	68%	59%
Food stamps	37%	50%	58%	45%
Medicare	24%	13%	15%	19%
Section 8	12%	22%	21%	17%
Public housing	10%	7%	10%	9%
Other rent assistance	10%	5%	8%	8%
Veterans medical or other veterans benefits & services	5%	0%	0%	2%

* Includes 6 youth not included in preceding columns.

Services sought

12. Main types of service sought by household*

	Single males n=163	Adults Single females n=113	Parents/ Guardians n=62	ALL* n=344
Has a Minnesota ID	70%	63%	81%	70%
Has HS Diploma/GED	66%	69%	69%	67%
Wants help obtaining ID (of those lacking ID)	26%	32%	23%	27%
Medical	22%	28%	24%	24%
Wants GED information/referral (of those lacking GED)	13%	12%	23%	15%
Mental health counseling	11%	20%	13%	14%
Diabetes Information/referral	3%	8%	2%	4%
Chemical health information/referral	3%	4%	3%	4%
Other Counseling	4%	2%	7%	4%
FAS Information/referral	1%	2%	3%	2%
Brain injury Information/referral	3%	2%	23%	2%
HIV/AIDS Information/referral	1%	1%	2%	2%

* Includes 6 youth not included in preceding columns.

13. Top three needs identified by household*

	Single males n=163	Adults Single females n=113	Parents/ Guardians n=62	ALL* n=344
Housing/rent assistance	50%	42%	48%	47%
Health/medical	40%	44%	50%	43%
Employment	18%	22%	27%	22%
Clothing and personal items	19%	22%	13%	19%
Transportation	25%	11%	18%	19%
Official documents	16%	21%	20%	18%
Food	16%	11%	10%	13%
Financial assistance/social services	10%	10%	10%	10%
Information and referral	5%	7%	1%	5%
Legal assistance	6%	5%	5%	5%
Educational assistance/counseling	5%	4%	8%	5%
Child care/child care assistance	0%	0%	13%	3%
Veteran's services	1%	1%	0%	1%
Voter registration	2%	0%	2%	1%
Credit counseling	0%	1%	2%	1%

* Includes 6 youth not included in preceding columns.

De-duplication with data in Minnesota's HMIS

One of the reasons Project Homeless Connect organizers wanted to enter data from the event into Minnesota's HMIS was to get a sense of how many of those served at the event were already involved with social service providers, particularly providers whose mission is to serve people experiencing homelessness. While Minnesota's HMIS remains imperfect for the task, there is an increasing number of bed coverage within HMIS. As of June 2007, Minnesota's HMIS included 82 percent of shelter beds, 99 percent of transitional housing program beds, and 72 percent of permanent supportive housing beds in Saint Louis County. State-wide, HMIS included 43 percent of shelter beds, 87 percent of transitional housing program beds, and 54 percent of permanent supportive housing beds. In addition, several service-only programs, including the state's Family Homeless Prevention and Assistance Program, are maintained in HMIS.

As discussed in the introduction, all guests who signed a consent form at Project Homeless Connect were entered as "unnamed clients" in the HMIS database. This means that while elements of the clients name were used in creating a unique identifier, the name was not permanently stored. This procedure allows Wilder to un-duplicate clients served in Project Homeless Connect with other records in the database, without permanently storing their names. The 34 guests who indicated a preference not to provide their name or other potentially identifying information at the event were entered anonymously, and it is not possible to match their records with others existing in the database. Setting aside the anonymous clients we found that:

- 125 of the 300 identifiable guests – or 42 percent – were served by an organization participating in Minnesota's HMIS prior to the event.
- 23 of the 300 identifiable guests – or 8 percent – were served by an organization participating in Minnesota's HMIS within 60 days after the event.

The guests found to have been served by an organization participating in HMIS after the event received a variety of services by different providers in Duluth, including emergency shelter, rent deposit assistance and rent payment assistance. Those who were served by a participating organization prior to the event received similar services by providers in Duluth and Cloquet.

Note that around 11 percent of all clients entered into Minnesota's HMIS are entered as anonymous, many of whom are clients of domestic violence or legal service providers. Thus, it is likely that the de-duplication here is a conservative estimate of the number of Project Homeless Connect guests actually served by agencies participating in

Minnesota's HMIS. Also, it is important to reiterate that the 125 guests who were found to have existing records in the HMIS under-represent the total number who had previous contact with social service providers, even those whose specific mission is to serve those experiencing homelessness in Saint Louis County, since there are some providers in the county who are not currently participating in Minnesota's HMIS.

Looking forward: Project Homeless Connect and Minnesota's HMIS

Since the Project Homeless Connect data are maintained in the statewide HMIS database it may be useful to conduct further outcomes analysis at some point. For example, to help assess whether the event had an impact on housing stability it would be helpful to know how many of the guests who were living on the streets or in homeless shelters are successfully placed in transitional and permanent supportive housing programs; or conversely, how many guests return to shelter or other emergency services. Analyses like these are enabled by the Homeless Management Information System, and should help inform future Project Homeless Connect events, as well as broader state and regional plans to end homelessness.

Appendix

Project Homeless Connect Intake Form

Project Homeless Connect Intake Form

Minnesota's HMIS Data Privacy Notice & Consent

We collect personal information about the people we serve in a computer system called Minnesota's HMIS (Homeless Management Information System). Many social service agencies use this computer system.

Why?

- To help keep these events and other services like the ones we have here today going.
- So we know how many people we serve and the types of people we serve at these events and in the state.
- So we all understand what people need and can plan services to meet these needs.

Who can see information that is in Minnesota's HMIS?

- Some people who work and intern for Wilder Research (in St. Paul), Minnesota Housing, the Department of Human Services, St. Louis County and Community Action Duluth. Wilder runs Minnesota's HMIS, and the other agencies are helping with HMIS for this event. When these agencies work on the system, they may see information about you.
- People using HMIS information to write reports. Researchers must sign an agreement to protect your privacy before seeing HMIS information. Your private information will **never** appear in research reports.
- The law says we have to report physical or sexual abuse of children and vulnerable adults. If we think there is abuse or neglect in your household, we will report it to Child or Adult Protection.
- We may release your information to protect the health or safety of you or others.
- Others when we are required by law, including officials with a valid subpoena, warrant, or court order.

We will not release your data for any other use unless you permit us, in writing.

Your Rights

- **If you do not want your name or date of birth entered in HMIS, tell the intake worker.** This agency will **not** refuse to help you for denying this.
- You have the right to a copy of the Minnesota's HMIS information about you. (Unless we cannot give it because of certain legal proceedings.)
- You have the right to correct mistakes in HMIS information about you.
- If you think this agency or Minnesota's HMIS violated your privacy rights, you have the right to complain or appeal. Ask a staff person for a complaint and appeal form. Or, write to Minnesota Coalition for the Homeless, HMIS Grievance, Suite 306, 122 West Franklin Avenue, Minneapolis, MN 55404.

Signed Consent

Each adult and unaccompanied youth must sign for him or herself.

My signature shows that I permit you to enter my personal information into Minnesota's HMIS.

(You do not have to sign this form to receive services at this event.)

SIGNATURE OF CLIENT OR GUARDIAN	DATE	Signature of witness	Date

SIGNATURE OF CLIENT OR GUARDIAN	DATE	Signature of witness	Date

SIGNATURE OF CLIENT OR GUARDIAN	DATE	Signature of witness	Date

H- Yes _____ No _____ Don't Know _____

Check in time _____

Check out time _____

DULUTH PROJECT HOMELESS CONNECT INTAKE FORM

Hi, my name is _____. Thanks for taking a little time to help us gather information for this event. It also gives me a chance to tell you about the services available today. The questions I'm going to ask you are not too personal. We hope that the answers we receive will help us to better understand what services are needed in the community and also help us direct you to the services you want today. This should take about 15-20 minutes. Also, please take a few minutes before you leave today to fill out the Consumer Survey, when you hand in this survey you will get a few things in a gift bag. A free lunch will also be provided.

Let's look through the list of things that are available today (*read through services/service provider list with person/family*).

1. What are the top three things you could use help with today?

- 1.1.
- 1.2.
- 1.3.

We want you to feel free to visit as many resources and providers as you choose.

2. How did you hear about this event? _____

3.1 LAST NAME: _____ 3.2 FIRST NAME: _____ 3.3 MIDDLE INITIAL _____

4, DOB _____ 4.a. How old are you? _____
 (If aged 16-22 direct them to Lifehouse and Lutheran Social Services, located in the Stop and Shop area)

5. Sex M ___ F ___ Transgender ___ Unknown ___

6. Primary Race: American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____ Other Multi-Racial _____ Other _____ Unknown _____	7. Secondary Race <i>Optional</i> : American Indian or Alaskan Native _____ Asian _____ Black or African American _____ Native Hawaiian or Other Pacific Islander _____ White _____ Other Multi-Racial _____ Other _____ Unknown _____
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8. Ethnicity: Hispanic/Latino ___ Not Hispanic/Latino ___ Unknown ___

9. Have you ever served in the U.S. armed forces? Yes ___ No ___ Don't Know ___ Refused ___

10. During the last month did you receive any income from...

No income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Social Security Disability (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Social Security (incl. SSI, Retirement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
MFIP (MN Family Investment Program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Contributions from other people	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Any other source?				

Do you currently receive...

Food stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
A Section 8 Housing Voucher (for rent)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Public housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Any other type of rental assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Medical Assistance (or Medicaid or MA)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Medicare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
Veterans Medical assistance or services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused

11. Does client have a disability of long duration? Yes ___ No ___ Don't Know ___ Refused ___

12. Do you need help applying for Social Security income? Yes ___ No ___ Don't Know ___ Refused ___

13. Living situation last night:

<input type="checkbox"/> Own house/apartment	<input type="checkbox"/> Permanent housing for formerly homeless
<input type="checkbox"/> Rental house/apartment	<input type="checkbox"/> Transitional housing for homeless
<input type="checkbox"/> Subsidized housing	<input type="checkbox"/> Foster care/group home
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> Hotel/motel without emergency shelter
<input type="checkbox"/> Living with family	<input type="checkbox"/> Living with friends
<input type="checkbox"/> Domestic violence situation	<input type="checkbox"/> Hospital
<input type="checkbox"/> Psychiatric hospital/facility	<input type="checkbox"/> Substance abuse treatment center
<input type="checkbox"/> Detox	<input type="checkbox"/> Jail, prison or juvenile facility
<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Don't know
<input type="checkbox"/> Other _____	<input type="checkbox"/> Refused

14. Length of stay in prior night's living situation:

<input type="checkbox"/> One week or less	<input type="checkbox"/> One to 3 months	<input type="checkbox"/> One year
<input type="checkbox"/> More than 1 week but less than 1 month	<input type="checkbox"/> More than 3 months but less than a year	<input type="checkbox"/> 1 year or longer

15. What city was that in? _____ Check box if Outside of Minnesota:

16. Have you ever been to a Project Homeless Connect event like this one before today?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Refused
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17. Place last lived 90 or more days:

18. Do you have a place to stay tonight? Yes ___ No ___

HOMELESS DEFINITIONS HUD Homeless

1. an individual who lacks a fixed, regular, and adequate nighttime residence; and
2. an individual who has a primary nighttime residence that is —
 - A. a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
 - B. an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - C. a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

31. Do you have a medical issue that you would like to address with a health professional today? Yes ___ No ___

32. Would you like information about:

- Chemical Dependency
- Diabetes
- Fetal Alcohol Syndrome
- Head Injury

- HIV/AIDS
- Mental Health Counseling
- Other Counseling
- Other _____

****To be answered for each adult (22 and older) non-head of household family member.**

1. Relationship to Head of Household (check one): Self (this client is head of household)
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Daughter/Son | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Significant Other |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Step-daughter |
| <input type="checkbox"/> Granddaughter | <input type="checkbox"/> Husband | <input type="checkbox"/> Step-son |
| <input type="checkbox"/> Grandson | <input type="checkbox"/> Wife | <input type="checkbox"/> Other relative |
| | | <input type="checkbox"/> Other non-relative |
2. LAST NAME: _____ 3. FIRST NAME: _____ 4. MIDDLE INITIAL _____
5. DOB _____ 6. Sex M F Transgender Unknown
7. Primary Race:
- | | |
|---|--------------------------|
| American Indian or Alaskan Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| Other Multi-Racial | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> |
8. Secondary Race *Optional*:
- | | |
|---|--------------------------|
| American Indian or Alaskan Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| Other Multi-Racial | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |
| Unknown | <input type="checkbox"/> |
9. Ethnicity: Hispanic/Latino Not Hispanic/Latino Unknown

Service provider Notes/Recommendations:

*** Housing Service Tracking ***

ORGANIZATION NAME	Housing Application Completed	Obtained Housing Unit	Placed on Waiting List	Received Housing Referrals	Bus Pass for Appointment Provided	Childcare Needed for Appointment	Other (please specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Medical Screening Questions ***

1. Do you have private health insurance, Medicaid, Medical Assistance, Medicare or V.A. Medical Assistance at this time? Yes ____ No ____
 (If “no”, suggest Health Access table)

2. Do you have questions about dental/medical for people with no insurance? Yes ____ No ____
 (If “yes”, suggest Health Access table)

3. Are you taking medication that you have trouble paying for? Yes ____ No ____
 (If “yes”, direct to Pharmacy School table)

4. If you should currently be taking medication, are you currently going without that medication? Yes ____ No ____
 (If “yes” direct to Pharmacy School table)

We are offering the following free Health Services. Would you like to take advantage of any of these

- Free flu shots Yes ____ No ____
- Foot care Yes ____ No ____
- Blood pressure checks Yes ____ No ____
- Ask an R.N. (registered nurse) Yes ____ No ____
- Medication assistance program Yes ____ No ____

<u>Service</u>	<u>Service Provided</u>
Flu Shot	<input type="checkbox"/>
Foot Care	<input type="checkbox"/>
B.P. Check	<input type="checkbox"/>
Ask R.N.	<input type="checkbox"/>
Signed up for Medication Assistance Program	<input type="checkbox"/>
Medical Referral Made	<input type="checkbox"/>
Other Referral Made	<input type="checkbox"/>
Bus Pass Provided for Appointment	<input type="checkbox"/>
Child Care Needed for Appointment	<input type="checkbox"/>
Other (please specify)	
Other (please specify)	
Other (please specify)	

Service provider Notes/Recommendations:

*** Mental Health Screening Questions ***

Have you had mental health Services in the past? Yes____ No____

Are you having difficulty coping with life now such as:

Problems with not sleeping or eating that are not related to homelessness? Yes____ No____

Problems with wanting to hurt yourself or others? Yes____ No____

Do you need to speak with someone regarding medication you are taking for your mental health situation?

Yes____ No____

Would you like to speak with someone today about your Mental Health situation? Yes____ No____

Service Provider Notes:

Services Provided-

ORGANIZATION NAME	MH screening	CD screening	MH case management	CD case management	Harm Reduction Services	Information and Referral	Bus Pass Provided for Appointment	Childcare Needed for Appointment	Other (please specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Legal Screening Questions ***

Are there any benefits owed to you that you are not accessing or have not received? Yes _____ No _____
 (for example: Social Security, Veterans Benefits, County Assistance...)

Do you think you owe money to anyone? Yes _____ No _____
 (for example: unpaid debts, child support, credit agencies)

*** Adult Education ***

Would you be interested in talking with someone about adult education? Yes____ No____

(they provide diploma and G.E.D. course work and also English as a Second Language classes)

Service Provider Notes:

Adult Education Service Tracking

ORGANIZATION NAME	General Ed Class Enrollment	Information/Referral	Bus Pass Provided for Appointment	Child Care Needed for Appointment	Other (please specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** School Aged Children/Head Start/Youth Screening Questions ***

If you have school-aged children, are they currently attending school? Yes ___ No ___
 If you have children aged birth to kindergarten are they currently enrolled in early childhood programming like Head Start?

Yes ___ No ___

Would you like to speak with Duluth school staff today? Yes ___ No ___

Would you like to learn about advocacy and education for your young children? Yes ___ No ___

Are you interested in parenting classes/ training? Yes ___ No ___

Do you have trouble finding safe childcare for your children when you are at work/school/appointments? Yes ___ No ___

Do your children have health insurance? Yes ___ No ___

Do you have any health concerns for your children? Yes ___ No ___

Do you have any behavioral/mental health concerns for your children? Yes ___ No ___

Service Provider Notes:

Youth Service Tracking

ORGANIZATION NAME	School Enrollment	Medical Referral	Other Agency Referral	Housing	Bus Pass Provided for Appointment	Child Care Needed for Appointment	Other (please specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Employment Screening Questions ***

(providers see disability section toward beginning of intake)

Are you currently receiving disability benefits? Yes ___ No ___

Are you actively seeking employment? Yes ___ No ___

Are you interested in speaking with people at this event who work for employment programs? Yes ___ No ___

Service Provider Notes:

Employment Service Tracking

ORGANIZATION NAME	Applications	Job Placement	Job Search	Job Skills Training	Information/Referral	Bus Pass Provided for Appointment	Child Care Needed for Appointment	Other (please specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Stop and Shop Service Tracking ***

Specific Services Provided

<u>Identification Obtained</u>	<input type="checkbox"/>
<u>Birth certificate Process Initiated</u>	<input type="checkbox"/>

Other Services Provided

<u>Organization Name</u>	<u>Service Provided</u>	Bus Pass Provided for Appointment	Child Care Needed for Appointment
1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>

Signature of Guest Service Provider certifying investigation into relevant service options:

DULUTH PROJECT HOMELESS CONNECT CONSUMER SURVEY

1. Survey completed by (please check one below, do not write name, this sheet will be detached from intake at end):

Unaccompanied Youth (21 or younger) _____

Single Adult _____

Family Member _____

2. What was the most important thing you received today?

3. Please list other things you received that were also important to you:

4. Could you or someone you know use clean needles? Yes___ No___

5. Did you learn about new services today? Yes___ No___ If yes, what:

6. Was it worth your time to come to Project Homeless Connect? Yes___ No___
Why or why not?

7. How can we make Project Homeless Connect better?