**Northern Kentucky Coordinated Entry VI-SPDAT Client Consent Form**

The VI-SPDAT (Vulnerability Index and Service Prioritization Decision Assistance Tool) is a quick survey our community uses to help identify what type of housing services will be most helpful to you. Your answers to this tool will be kept in a secure database managed by Strategies to End Homelessness. Your responses will only be shared with organizations and people named on this signed consent. By signing this form you are consenting to allow \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to share your first name, last four digits of your social security number and your responses on the VI-SPDAT with the following entities (initial appropriate agencies):

\_\_Strategies to End Homelessness

\_\_Housing providers participating in Coordinated Entry in Northern Kentucky (listed below)

\_\_\_\_Cincinnati Veterans Administration Medical Center

\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With this consent you agree that you have been told about and understand the following:

* That the VI-SPDAT will be used to assess your housing needs and will be used to help guide the services available to you.
* That by completing the VI-SPDAT you are not guaranteed housing, nor are you guaranteed a specific timeline for when/if you will receive housing assistance.
* That you agree that Strategies to End Homelessness (STEH) will receive the information in the VI-SPDAT and use that information to assist in connecting you to possible housing services. STEH may contact your shelter/outreach/mental health case manager to obtain the necessary proof of your eligibility and level of assistance, including information held in our community’s HMIS.
* You do not have to sign this consent in order to receive services. By not signing this consent, some housing programs may be unavailable to you or your household.
* You can withdraw your consent at any time without penalty by informing the above named agency that you wish to do so, and signing below.
* This consent will be active for 90 days after the signed date.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I wish to cancel my permission to share identifying information held in the VI-SPDAT form. By signing below I am revoking my consent.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agencies Participating in Northern Kentucky CoC’s Coordinated Entry Process:**

Center for Independent Living Options, Inc. | Catholic Charities | Welcome House of NKY | Emergency Shelter of Northern Kentucky | Northern Kentucky Area Development District | Women’s Crisis Center | Transitions Inc. | Strategies to End Homelessness | Brighton Center | NorthKey Community Care | Family Promise |

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