

Appendix A: Local Prioritization Inclusion Form



Local Prioritization Inclusion Form

Kentucky Housing Corporation (KHC), the Kentucky Coalition Against Domestic Violence (KCADV), and the KY Balance of State CoC Advisory Board recognize the highly sensitive nature of information gathered from individuals experiencing domestic or intimate partner violence. These groups have worked together to develop the following protocols that ensure Victim Service Providers (VSPs) and their clients are included in the Coordinated Entry/Assessment process while adhering to the strict confidentiality requirements mandated by federal laws protecting victims of intimate partner violence.

- A statement is read to clients at the point of entry into the housing/ homeless services system in order to offer referrals to regional VSPs for individuals who may be experiencing domestic violence. (For more information on this topic please see the Kentucky Balance of State Program Standards for Coordinated Access/Entry/Assessment located on KHC's HCA Help Desk.)
- Housing referrals from VSPs will be handled differently by regional Coordinated Assessment teams. DV clients will be given one VI-SPDAT at entry, and the assessment is completed on paper. After the VI-SPDAT is completed by VSP, a Client/Family Identifying Number should be assigned, and this form should be completed and submitted for inclusion on the local/regional prioritization list. The acuity score from the VI-SPDAT must be verified as accurate by at least two employees of the VSP.
- When the Coordinated Assessment Team determines that a VSP referral is the next appropriate match for available housing, the referring agency and housing provider will coordinate services using the time-limited Release of Information used by the VSP.

Additionally, this form may be used by any provider not participating in KYHMIS for inclusion into the LPC Prioritization List.

Client/Family Unique Identifying Number: _____

Is this an Individual or Family VI-SPDAT score? _____

Pre-Screen Total VI-SPDAT (or F-VI-SPDAT) Score: _____

Program Entry Date: _____

Is the client or head of household a (please check all that apply):

Disabled Chronically Homeless Veteran

VSP Provider Name: _____

Employee Performing VI-SPDAT/F-VI-SPDAT Signature: _____

Employee attesting to accuracy of the VI-SPDAT/F-VI-SPDAT Pre-Screen Total Score

Signature: _____