

# GVPHC Housing Needs Assessment

Head of Household Name: \_\_\_\_\_ HMIS ID: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Assessment Date: (mm/dd/yyyy) \_\_\_\_\_

## Assessment Type:

Phone       Virtual       In person

## Assessment Level:

Crisis Needs Assessment       Housing Needs Assessment

## Prioritization Status:

Not placed on Prioritization List       Placed on Prioritization List

## Should this client be present at SCAAN Upper or SCAAN Lower?

SCAAN Lower       SCAAN Upper

## VI-SPDAT Type:

Family       Single       Youth

VI-SPDAT Score: \_\_\_\_\_

## VI-SPDAT Range:

No/Minimal Housing Support       Rapid Re-housing       Permanent Supportive Housing