



Louisiana Balance of State Continuum of Care Participant Triage Tool PUBLIC COMMENT DRAFT

Instructions: fill out each Section of the Tool. Complete the participant input sections of the Tool in one session. When the Tool indicates you should ASK something, read it to the participant exactly as written, then clarify as needed. When the Tool indicates you should ENTER something, enter it as noted.

SECTION A: PARTICIPANT INFORMATION

For each question in this Section except A.1., enter either YES or NO. Do not record any other information.

A.1. Participant HMIS ID	
A.2. Physical Disability or Chronic Health Condition <u>ASK:</u> does any person in your household have a serious and persistent physical disability or chronic health condition?	
A.3. Mental or Developmental Disability <u>ASK:</u> does any person in your household have a serious and persistent mental or developmental disability?	
A.4. Substance Abuse <u>ASK:</u> does any person in your household have a substance use habit other than cigarettes that could make it hard for you to stay housed?	
A.5. HIV/AIDS Housing <u>ASK:</u> would you be willing to live in housing specifically for people living with HIV/AIDS?	
A.6. Foster Care Involvement <u>ASK:</u> have you exited foster care in the last 12 months?	

SECTION B: HOUSING BARRIERS

For each question in this Section, enter either YES or NO. If the participant isn't sure, enter NO. Do not record any other information.

B.1. Language

ASK: does your household's primary income earner speak English fluently?

B.2. Income

ASK: does your household's primary income earner have a job or social security income?

B.3. Rental History

ASK: does any adult in your household have any recent rental evictions on their record?

B.4. Credit History

ASK: does any adult in your household have a credit history with a debt owed to a landlord?

B.5. Legal History

ASK: does any adult in your household have a legal history that could make it hard to rent a house or apartment, including outstanding fines, warrants, and recent criminal convictions?

SECTION C: PRIORITIZATION SCORE

<p>D.1. Disability-Related Barriers</p> <p><u>STAFF ONLY:</u> after your participant session is over, add up the following:</p> <ul style="list-style-type: none">• QUESTION A.2. – 1 point if YES• QUESTION A.3. – 1 point if YES• QUESTION A.4. – 1 point if YES	
<p>D.2. Housing Barriers</p> <p><u>STAFF ONLY:</u> after your participant session is over, add up the following:</p> <ul style="list-style-type: none">• QUESTION B.1. – 1 point if NO• QUESTION B.2. – 1 point if NO• QUESTION B.3. – 1 point if YES• QUESTION B.4. – 1 point if YES• QUESTION B.5. – 1 point if YES	
<p>D.3. PTT Score</p> <p><u>STAFF ONLY:</u> add up the total number of points from D.1. and D.2., then enter it; that is the household’s PTT Score</p>	

Case Manager/Intake Worker Name (Print)

Date Completed

Case Manager/Intake Worker Name Signature