

**Jail Re-Entry Assessment Tool for Vulnerability
Clark County, WA CoC**

GENERAL INFORMATION/CONSENT

Interviewer Name:		
Date:	Time:	
Client Name: First/Last:	Preferred Name:	
Preferred Language:	Pronouns:	
Social Security Number:		
Date of Birth:	Age:	
Booking Date:	Expected Release Date	Court Date
If 60 years or older then score 1		Prescreen Score
Identifies as a person of color or as a member of the LGBTQ community?		
GENERAL INFORMATION SUBTOTAL		

HISTORY OF HOUSING AND HOMELESSNESS

If the person has experienced 1 or more cumulative years of homelessness, and/or 4+ episodes of homelessness then score 1	Response	Declined	Prescreen Score
1. What is the total length of time you have been experiencing homelessness?			
2. In the past 3 years, how many times have you been housed and then homeless again?			
Score 1 point <i>only if</i> respondents answer is "outside" or vehicle."	Response	Declined	Prescreen Score
3. Prior to jail, where are you sleeping most nights?	Shelter Outside Vehicle Couching (DV only)		
HISTORY OF HOUSING AND HOMELESSNESS SUBTOTAL			

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RISKS

If the total number of interactions from questions 4 and 5 is equal to or greater than 4 then score 1.	Response		Declined	Prescreen Score
4. During <i>this</i> incarceration, how many times have you received care at medical?				
a) Been hospitalized?				
b) Been placed on suicide watch?				
5. In the 6 months prior to jail, how many times have you been to the emergency room?				
a) Been taken to the hospital in an ambulance?				
b) Spent at least one night in a hospital for either physical or mental health reasons?				
c) Spoken to a police officer for any reason?				
d) Experienced a crisis to the extent that you had to ask for help because a situation was more than you could handle?				
If YES to questions 6, 7, 8 OR 11, then score 1.	Yes	No	Declined	Prescreen Score
6. During this incarceration: a) Have you been in any fights? b) Has anyone tried to attack you?				
7. While you were experiencing homelessness: a) Have you been in any fights? b) Has anyone tried to attack you?				
8. During this incarceration have you: a) Threatened to harm yourself? b) Threatened to harm others?				
9. While you were experiencing homelessness: a) Threatened to harm yourself? b) Threatened to harm others?				
10. Is domestic violence the reason you are homeless?				
If YES to question 11, score 1.	Yes	No	Declined	Prescreen Score
11. Are you on DOC, probation, or will need to meet with a probation officer?				

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If YES to question 12 or 13, then score 1.	Yes	No	Declined	Prescreen Score
12. Does anyone ever try to manipulate, trick, or force you to do things you do not want to do?				
13. Do you ever do anything you consider risky, impulsive, dangerous, or unsafe for your survival or to ensure your safety? For example (if needed): exchange sex for money, run drugs, share needles...				
RISKS SUBTOTAL				

SOCIALIZATION AND DAILY FUNCTIONS

If YES to question 14 or NO to question 15, score 1.	Yes	No	Declined	Prescreen Score
14. Do you have any debt or owe anyone any money?				
15. Will you have any money coming in on a regular basis, from any source? For example (if needed) bottle collecting, sex work, odd jobs, etc...				
If NO to question 16, 17, 18, OR 19 score 1.	Yes	No	Declined	Prescreen Score
16. Prior to jail, did you have activities you do during the day other than just meeting your basic needs that brings you happiness? For example (if needed) are you just focused on survival?				
17. Thinking about your release, at this point do you have activities planned that will bring you happiness?				
18. While experiencing homelessness, were you able to meet your basic needs as often as you would like? For example: access to showers, laundry, clean water, or food?				
19. Do you have any concerns about meeting those basic needs upon your release?				
If NO to question 20, score 1 point.	Yes	No	Declined	Prescreen Score
20. Do you feel that you will have a positive support network of family or friends when you are released?				
SOCIALIZATIONS AND DAILY FUNCTIONS SUBTOTAL				

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WELLNESS

If YES to questions 21, 22, OR 23, score 1.	Yes	No	Declined	Prescreen Score
21. Do you seek medical care if you need it?				
22. Do you identify as deaf and/or hard of hearing?				
23. Do you have any vision problems that you feel impacts your safety?				
For EACH YES response in questions 24 through 27 (Medical Conditions), score 1.				
Have you <i>ever had</i> any of these medical conditions?	Yes	No	Declined	Medical Conditions
24. Kidney disease/End stage renal disease or dialysis				
25. History of frostbite, or Hypothermia				
26. Cirrhosis, or end-stage liver disease				
27. HIV/AIDS				
For each yes answer in questions 28 through 38, then mark "X" in Other Medical Conditions column.	Yes	No	Declined	Other Medical Conditions
28. History of Heat Stroke/Heat Exhaustion				
29. Heart disease, Arrhythmia, or irregular heartbeat				
30. History of seizures				
31. Stroke				
32. Emphysema/COPD				
33. Diabetes				
34. Asthma				
35. Cancer				
36. Hepatitis C				
37. Tuberculosis				
OBSERVATION ONLY – DO NOT ASK: 38. Interviewer, do you observe signs or symptoms of a serious medical condition?				

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If any response is YES in questions 39 through 45, score 1 in the Substance Use column.	Yes	No	Declined	Substance Use
39. Have you consumed alcohol or drugs almost every day for the past month?				
40. Have you ever had any issues with drugs or alcohol?				
41. Have you used injection drugs in the last 6 months?				
42. Have you ever tried to quit using drugs or alcohol and then relapsed?				
43. Has your drinking or drug use ever led to you being asked to leave a place you were staying in the past?				
44. Will drinking or drug use make it difficult for you to stay housed or afford your housing?				
OBSERVATION ONLY - DO NOT ASK: 45. Interviewer, do you observe signs or symptoms of problematic alcohol or drug use?				
If any response is YES in questions 46 through 52, score 1 in the Mental Health column.	Yes	No	Declined	Mental Health
46. Have you ever had trouble maintaining your housing or been asked to leave a place you were staying because of a mental health concern?				
47. Have you ever been taken to the hospital against your will for a mental health reason? This could even be for something like Anxiety or Depression.				
48. Have you ever sought emergency services because you weren't feeling well emotionally for anxiety, your nerves, panic, suicidal thoughts, or anything like that?				
49. In the past 6 months, have you spoken to anyone regarding your mental health like a therapist, counselor, church leader, or anyone like that?				
50. Have you ever had a serious brain injury or head trauma that was worse than a concussion?				
51. Have you ever been told you have a learning disability or a developmental disability?				
52. Do you have any problems concentrating or remembering things?				
OBSERVATION ONLY – DO NOT ASK: 56. Interviewer, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?				

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<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Conditions score is at least 1 OR an X, then score 1 additional point for Tri-Morbidity.</i>				Tri-Morbidity
If YES to question 53 OR 54, score 1.	Yes	No	Declined	Prescreen Score
53. Have you ever been prescribed medication by a doctor that you should be taking, but for any reason you are not taking?				
54. Are there any medications you are supposed to be taking that you have not been able to access while incarcerated?				
If YES to question 55, score 1.	Yes	No	Declined	Prescreen Score
55. Have you experienced any abuse or trauma (significant issues) that you feel contributes to your homelessness, or that you haven't sought help for?				
WELLNESS SUBTOTAL				
SCORING SUMMARY				
DOMAIN	SUBTOTAL	<p>If the individual's assessment score is 7-11, they will be recommended for Rapid Rehousing or Transitional Housing (RRH/TH)</p> <p>If the individual's assessment score is 12 or higher, they will be recommended for Permanent Supported Housing (PSH)</p>		
GENERAL INFORMATION				
HISTORY OF HOUSING AND HOMELESSNESS				
RISKS				
SOCIALIZATION AND DAILY FUNCTIONS				
WELLNESS				
ASSESSMENT SCORE TOTAL				