Coordinated Entry Housing Assessment Transitional Aged Youth (TAY)

This packet should be used for TAY clients, aged 18-24. Each TAY, even if in the same household/presenting as a couple, will need to complete their own packet/assessment.

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I. INSTRUCTIONS

Privacy Practices
Please remember to follow the Anchorage Continuum of Care and Coordinated Entry Privacy Practices when sharing someone’s information in HMIS and entering a client into Coordinated Entry. The most up to date Privacy Practices will always be posted on the Anchorage Coalition to End Homelessness’ website: www.anchoragehomeless.org.

Check Age/Household Type.
Please remember that this packet is meant for people 24 or younger. If the client you are serving is older than 24, please complete the Adult Assessment Packet. If the household you are serving includes a minor or if a household member is pregnant, please complete the Family Assessment Packet.

All TAY Must Be Assessed Separately
When completing a Transitional Aged Youth Assessment, please remember that all household members over the age of 18 must receive their own assessment and entry into Coordinated Entry. Adult/TAY couples or families comprised only of legal adults may be housed together, however, they must be assessed separately. If there are minors in the household, please complete a family packet and follow the protocol for how to assess a family with minor dependents as a household.

Check for earlier assessments
Please remember to check if a client already has an open CE entry in HMIS. You may need to check multiple HMIS client IDs. If a client already has an active assessment under any client number, please do not complete a second assessment in HMIS. If information (including a VI-SPDAT) needs to be updated, please complete this packet and put in HMIS as an “interim review”.
II. INTRODUCTORY PARAGRAPH

Hello. I’m here today to talk to you about your housing and service needs. The purpose of this assessment is to identify what services in town will best suit your needs, help community providers identify gaps in our current social service system, and to determine the order in which people will be contacted for housing and related services. It is important that you know that this is not a guarantee for housing or services, nor is this a guarantee of assistance within a specific time period. The Coordinated Entry System does not prioritize individuals on a first-come-first-serve basis which means individuals served by Coordinated Entry will wait for various lengths of time before receiving a referral to services.

The Coordinated Entry Process will do its best to use the information collected here to provide referrals that are appropriate to your needs and program eligibility. It is important to know, however, that this is not an application for housing or services. Once you receive a referral there may be additional information that your service agency will need to collect to ensure that you meet the requirements for their program. Receiving a referral through Coordinated Entry is not a guarantee of services until your specific program confirms eligibility. If in any circumstance you are referred to a service for which you are not eligible, you will remain prioritized for services through Coordinated Entry and can receive future referrals to other programs as availability arises.

In this assessment there will be questions asked about past housing and services, your current health, substance use, legal involvement, financial stability and other areas related to housing and service need. The answers you provide in this assessment will not qualify or disqualify for Coordinated Entry, but rather help us identify which services will best suit your needs. It is always best to be honest when answering these questions. Some of these questions will be personal could make you feel uncomfortable. If there is anything that you do not want to talk about, please let me know. You always have the right to refuse to answer a question, and we can move to the next part of the assessment. Please know, however, that the more information you can provide me, the more able I am to understand your current situation and help you with what you really need.

Do you have any questions?

May we proceed?
III. HMIS ELEMENTS

Date: _____/_____/__________  Completed By: ________________________________
Agency: ________________________________

Phone Number:____________________________________________________________________________________

Other Place to Contact in Future/Time Best Found: ______________________________________

Message Line: ______________________________________________________________________________________

Email Address: ______________________________________________________________________________________

Client Demographic Information:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>SSN (full or partial)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you a U.S. Military Veteran? □ Yes □ No

Instructions: Please enter military status under the client profile in HMIS as this question is not included in the CE entry.

Gender:  □ Female  □ Gender Nonconforming  □ Male  □ Client Doesn’t Know  □ Trans (Male to Female)  □ Client Refused  □ Trans (Female to Male)

Ethnicity:  □ Non -Hispanic/Non-Latino  □ Client Doesn’t Know  □ Hispanic/ Latino  □ Client Refused

Primary Race:  □ American Indian/Alaska Native  □ Client Doesn’t Know  □ Asian  □ Client Refused  □ Black/African American  □ Client Refused  □ Native Hawai’ian/Pacific Islander  □ Client Refused ■ White

Secondary Race (Optional):  □ American Indian/Alaska Native  □ Client Refused  □ Asian  □ Client Doesn’t Know  □ Black/African American  □ Client Refused  □ Native Hawai’ian/Pacific Islander  □ Client Refused ■ White

R3 Sexual Orientation

□ Heterosexual  □ Questioning/unsure

□ Gay  □ Other (newly added option with text box to complete if selected)

□ Lesbian  □ Client Doesn’t know

□ Bisexual  □ Client refused  □ Data not collected
Do You Have Health Insurance?  ☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused
If yes, please identify all types of currently active insurance below:

- Medicaid
- Medicare
- State Children’s Health Insurance Program
- Veteran’s Administration (VA) Medical Services
- Employer-Provided Insurance
- Health Insurance through COBRA
- Private Pay
- State Health Insurance for Adults
- Indian Health Insurance Program
- Other: __________________________

Do you have a disabling condition?  ☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused
Please indicate all types of disability below:

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>Disability Determination</th>
<th>IF YES: Is Condition Expected to be Long-Term and Impede ability to Live Independently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Abuse</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Both Alcohol &amp; Drug Abuse</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Chronic Health Condition</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Developmental</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>N/A</td>
</tr>
<tr>
<td>Drug Abuse</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental Health Problem</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Physical</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

Notes on disability/disabilities:
__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________.

Alaska Mental Health Trust Authority Beneficiary Information

<table>
<thead>
<tr>
<th>Alzheimer’s Disease and Related Dementias</th>
<th>Chronic Alcoholism or other Substance Use Disorder</th>
<th>Intellectual or Developmental Disabilities</th>
<th>Mental Illness</th>
<th>Traumatic Brain Injuries</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>☐ Yes ☐ No ☐ Client Doesn’t Know ☐ Refused</td>
<td>___ /___ /_____</td>
<td>___ /___ /_____</td>
</tr>
</tbody>
</table>
Client Location – ALWAYS ANCHORAGE
Please indicate Anchorage-500 for client location in HMIS.
If client’s primary residence is outside of the municipality of Anchorage, please do not complete an Anchorage Coordinated Entry Packet and refer to services within their regular municipality.

<table>
<thead>
<tr>
<th>SITUATION PRIOR TO PROJECT ENTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section I – Where did you sleep last night?</strong></td>
</tr>
<tr>
<td>Instructions: <strong>SELECT ONLY ONE OPTION FROM ONE OF THE HIGHLIGHTED CATEGORIES (options 1, 2, or 3) below. For example, if the client was in a “Place not meant for habitation” select that from the Homeless Situation category and continue on to complete Sections II through IV.</strong></td>
</tr>
</tbody>
</table>

1. **Homeless Situation**
   - ☐ Client doesn’t know
   - ☐ Client refused
   - ☐ Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
   - ☐ Emergency shelter, including hotel or motel **paid for with emergency shelter voucher or RHY-Funded host home shelter**
   - ☐ Safe Haven (not currently available in Alaska)

2. **Institutional Situation**
   - ☐ Foster care home or foster care group home
   - ☐ Hospital or other residential non-psychiatric medical facility
   - ☐ Jail, prison or juvenile detention facility
   - ☐ Long-term care facility or nursing home
   - ☐ Psychiatric hospital or other psychiatric facility
   - ☐ Substance abuse treatment facility or detox center

3. **Transitional and Permanent Housing Situation**
   - ☐ Hotel or motel paid for **without** emergency shelter voucher
   - ☐ Owned by client, no ongoing housing subsidy
   - ☐ Owned by client, with ongoing housing subsidy
   - ☐ Permanent housing (other than RRH) for formerly homeless persons
   - ☐ Rental by client, no ongoing housing subsidy
   - ☐ Rental by client, with VASH subsidy
   - ☐ Rental by client, with GPD TIP subsidy
   - ☐ Rental by client, with other ongoing housing subsidy (including RRH)
   - ☐ Residential project or halfway house with no homeless criteria
   - ☐ Staying or living in a family member’s room, apartment or house
   - ☐ Staying or living in a friend’s room, apartment or house
   - ☐ Transitional housing for homeless persons (including homeless youth)
   - ☐ Host home (non-crisis)
   - ☐ Rental by client, with Housing Choice Voucher (HCV) (tenant or project based)
   - ☐ Rental by client in a public housing unit
   - ☐ Other
### Section II
Please complete all remaining sections:

* Length of Stay at Prior Night Living Situation:

- [ ] One night or less  
- [ ] Two to six nights  
- [ ] One week or more, but less than one month  
- [ ] Client doesn’t know  
- [ ] One night or more, but less than 90 days  
- [ ] 90 days or more, but less than one year  
- [ ] One year or longer  
- [ ] Client refused

Approximate date most recent episode of homelessness started: __________/________/________________

**Instructions for most recent episode:**

* Look for the most recent “break” in homelessness to identify the start of current episode. Breaks include 7+ nights in a permanent or temporary housing situation; 90+ days in an institution.

* If someone is actively in an institution, has been there for less than 90 days, and was experiencing homelessness before entering the institution, look for the most recent break in homelessness prior to institutionalization.

* If someone was in a permanent or transitional housing situation last night, but will be experiencing homelessness tonight, please use today’s date.

### Section III

* Regardless of where they stayed last night—Number of separate times/episodes the client has been on the streets or in emergency shelter in the past three years (counting current stay):

- [ ] One time  
- [ ] Two times  
- [ ] Three times  
- [ ] Four or More Times  
- [ ] Client doesn’t know  
- [ ] Client refused

### Section IV

* Total number of months homeless on the street or in emergency shelter in past 3 years:

- [ ] 1 month (this time is the first time)  
- [ ] 2 months  
- [ ] 3 months  
- [ ] 4 months  
- [ ] 5 months  
- [ ] 6 months  
- [ ] 7 months  
- [ ] 8 months  
- [ ] 9 months  
- [ ] 10 months  
- [ ] 11 months  
- [ ] 12 months  
- [ ] More than 12 months  
- [ ] Client doesn’t know  
- [ ] Client refused

Total number of months homeless on the street or in emergency shelter in past 3 years (up to 36 months):

**Instructions:** If the client has spent less than 12 months in a HUD defined homeless situation in the last three years, please repeat the answer provided above here. If the client has experienced homelessness for over 12 months, please specify up to 36 months.

______ Total number of months (Up to 36 months)
DOMESTIC VIOLENCE

Are you a victim/survivor of domestic violence?  ☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused  ☐ Data not collected

If yes, please answer both questions below:

When did this experience occur?
☐ Within last 3 months  ☐ 3 – 6 months ago  ☐ 6 months  ☐ 6 – 12 months ago  ☐ 1 year  ☐ More than a year ago  ☐ Client doesn’t know  ☐ Refused  ☐ Data not collected

Are you currently fleeing?
☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused  ☐ Data not collected

If currently fleeing, assess for safety and provide a referral to AWAIC or other victim service providers as appropriate.

HMIS DATA ELEMENTS – INCOME AND BENEFITS

Do You Have Income from Any Source?
☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused

When entering into HMIS, please include total calculation from “View Gross Income” in the “Total Monthly Income” Box.

<table>
<thead>
<tr>
<th>Type</th>
<th>Currently Receiving?</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alimony or Other Spousal Support.</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>TANF</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Child Support</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Earned Income</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>General Assistance</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Pension or retirement income</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Private Disability Insurance</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>SSDI</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>SSI</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Retirement Income from Social Security</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Unemployment Insurance</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>VA Service Connected Disability Compensation</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>VA Non-Service Connected Disability Pension</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Other (please specify): _________________________</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
</tbody>
</table>

Do You Receive Any Non-Cash Benefits from Any Source?
☐ Yes  ☐ No  ☐ Client Doesn’t Know  ☐ Refused

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Currently Receiving?</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>TANF Child Care Services</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>TANF Transportation Services</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Other TANF-Funded Services</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for WIC</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Supplemental Nutrition Assistance Program (Food Stamps)</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
<tr>
<td>Other (please specify): _________________________</td>
<td>☐ Yes ☐ No</td>
<td>$__________</td>
</tr>
</tbody>
</table>
### 4.12 Current Living Situation

- ☐ Current Living Situation
- ☐ Living Situation verified by (CE only)
- ☐ Is client going to have to leave their current living situation within 14 days?
- ☐ Has a subsequent residence been identified?
- ☐ Does individual or family have resources or support networks to obtain other permanent housing?
- ☐ Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?
- ☐ Has the client moved 2 or more times in the last 60 days?

### 4.19 Coordinated Entry Assessment

- ☐ Date of Assessment
- ☐ Assessment Location
- ☐ Assessment Type
- ☐ Assessment Level
- ☐ Assessment Questions
- ☐ Assessment Result Type
- ☐ Prioritization Status

### 4.20 Coordinated Entry Event

- ☐ Date of Event
- ☐ Event
- ☐ Client housed rehoused a safe alternative?
- ☐ Enrolled in Aftercare project?
- ☐ Location of crisis housing or permanent housing referral?
- ☐ Referral Result
- ☐ Date of Result

### Primary Alaska Native Regional Corporation

- ☐ Ahtna
- ☐ Aleut
- ☐ Arctic Slope
- ☐ Bering Straits
- ☐ Bristol Bay
- ☐ Calista.
- ☐ Chugach
- ☐ Cook Inlet
- ☐ Doyon

### Secondary Alaska Native Regional Corporation (Optional)

- ☐ Ahtna
- ☐ Aleut
- ☐ Arctic Slope
- ☐ Bering Straits
- ☐ Bristol Bay
- ☐ Calista.
- ☐ Chugach
- ☐ Cook Inlet
- ☐ Doyon
- ☐ Goldbelt
- ☐ Koniaq Incorporated
- ☐ NANA
- ☐ Sealaska
- ☐ 13th Regional
- ☐ Descendent, BIA card only
- ☐ “Z” Not Affiliated
- ☐ Client Doesn’t Know
- ☐ Client Refused
- ☐ Ahtna
- ☐ Aleut
- ☐ Arctic Slope
- ☐ Bering Straits
- ☐ Bristol Bay
- ☐ Calista.
- ☐ Chugach
- ☐ Cook Inlet
- ☐ Doyon
- ☐ Goldbelt
- ☐ Koniaq Incorporated
- ☐ NANA
- ☐ Sealaska
- ☐ 13th Regional
- ☐ Client Doesn’t Know
- ☐ Client Refused
IV. TAY VI-SPDAT

Instructions: Interviewer must have completed the online VI-SPDAT training module. The total score will be calculated in AKHMIS. Upload the VI-SPDAT document into AKHMIS by scanning the packet and attaching it as PDF file.

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ Outdoors
   - ☐ Couch Surfing
   - ☐ (specify):

2. How long has it been since you lived in permanent stable housing?

3. In the last three years, how many times have you been homeless?

B. Risks

4. In the past six months, how many times have you...
   a) Received health care at an emergency department/room?
   b) Taken an ambulance to the hospital?
   c) Been hospitalized as an inpatient?
   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
   f) Stayed one or more nights in a holding cell, jail or prison or juvenile detention, whether that was short-term stay like the drunk tank, or a longer stay for a more serious offence, or anything in between?

5. Have you been attacked or beaten up since you’ve become homeless?

6. Have you threatened to or tried to harm yourself or anyone else in the last year?
7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? □ Yes □ No □ Refused

8. Were you ever incarcerated when younger than age 18? □ Yes □ No □ Refused

9. Does anybody force or trick you to do things that you do not want to do? □ Yes □ No □ Refused

10. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that? □ Yes □ No □ Refused

C. Social & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? □ Yes □ No □ Refused

12. Do you get any money from the government, an inheritance, working under the table, a regular job, or anything like that? □ Yes □ No □ Refused

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? □ Yes □ No □ Refused

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that? □ Yes □ No □ Refused

15. Is your current lack of stable housing
   a. Because you ran away from your family home, a group home, or a foster home? □ Yes □ No □ Refused
   b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? □ Yes □ No □ Refused
   c. Because your family or friends caused you to become homeless? □ Yes □ No □ Refused
   d. Because of conflicts around gender identity or sexual orientation? □ Yes □ No □ Refused
   e. Because of violence at home between family members? □ Yes □ No □ Refused
   f. Because of an unhealthy or abusive relationship, either at home or elsewhere? □ Yes □ No □ Refused

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? □ Yes □ No □ Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? □ Yes □ No □ Refused

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? □ Yes □ No □ Refused
19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help?

☐ Yes  ☐ No  ☐ Refused

20. When you are sick or not feeling well, do you avoid getting help?

☐ Yes  ☐ No  ☐ Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

☐ Yes  ☐ No  ☐ Refused

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

☐ Yes  ☐ No  ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford housing?

☐ Yes  ☐ No  ☐ Refused

24. If you’ve ever used marijuana, did you try it at age 12 or younger?

☐ Yes  ☐ No  ☐ Refused

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?

☐ Yes  ☐ No  ☐ Refused

b) A past head injury?

☐ Yes  ☐ No  ☐ Refused

c) A learning disability, developmental disability, or other impairment?

☐ Yes  ☐ No  ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help?

☐ Yes  ☐ No  ☐ Refused

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

☐ Yes  ☐ No  ☐ Refused

28. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?

☐ Yes  ☐ No  ☐ Refused