

Prioritization Review Committee

Recommendation Form

Today's Date: _____ Case Manager/Navigator: _____

Client Name: _____ HMIS #: _____

VI-SPDAT Score: _____ VI-SPDAT Completed On: _____

Client Currently Homeless In: _____

I am recommending this individual's housing need be prioritized.

Demonstration of need is based upon severe impairment related to:

- | | |
|--|--|
| <input type="checkbox"/> Medical Deterioration (<i>see below</i>) | <input type="checkbox"/> Disability Risk |
| <input type="checkbox"/> Significant Mental Health Symptoms (<i>see below</i>) | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Youth-at-Risk | <input type="checkbox"/> Chronic Homelessness Status |
| <input type="checkbox"/> Human Trafficking Risk | <input type="checkbox"/> Length of Homelessness |
| <input type="checkbox"/> Abuse/Trauma | <input type="checkbox"/> PSH (Grant Ending) |
| <input type="checkbox"/> Underage family members | <input type="checkbox"/> Other: _____ |

Medical or Mental Health – Related Need (*if applicable*):

Is the initial professional assessment available (*circle one*)? **Yes No**

Has the medical or mental health need been documented (*circle one*)? **Yes No**

Secondary verification available beyond case manager/navigator (*circle one*)? **Yes No**

Explanation/Justification:

CES Lead Entity Action: