



Full Service Prioritization Decision Assistance Tool (SPDAT) Request Form

Referral Guidelines: Please see Interim Guidance on Updating and Correcting Population-Appropriate Coordinated Entry System (CES) Triage Tool Scores.

PARTICIPANT INFORMATION

Head of Household Name: _____ Age: _____ HMIS ID: _____

Total # of Household Members: _____ Is the Household composed of any minors? Yes No

If yes, # of minors? _____

I. CES Survey Information (Please fill out information below, if a triage tool has already been completed. Use more than one line if more than one assessment has been completed and reported in HMIS.)

Date of CES Assessment	Name of Agency who administered the CES Assessment	CES Triage Tool			Priority Score			NST & CSP Acuity Score	VI-FSPDAT Acuity Score
		Next Step Tool (NST)	CES Survey Packet (CSP)	VI-FSPDAT	3	2	1	Priority 3: 8-17 Priority 2: 4-7 Priority 1: 0-3	Priority 3: 9-22 Priority 2: 4-8 Priority 1: 0-3

REFERRING AGENCY INFORMATION

Name of Referring Staff: _____ Staff Title: _____

Contact Phone Number: _____ E-Mail Address: _____

Name of Agency: _____

Service Planning Area: 1 2 3 4 5 6 7 8

REFERRAL INFORMATION

I. Reason for Referral:

Participant is unable to self-report their condition or circumstances accurately or completely.

Other: Please describe: _____

II. Please provide a brief description why staff believes participant requires a Full SPDAT to determine vulnerability.

I certify that all the information provided on this form is true.

Staff Name (Print)

Staff Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date

Please send completed form to the population appropriate SPA Matcher. Refer to CES Leadership Contact List in LAHSA's Document Library for contact information.