

Coordinated Access Documentation of Priority Status Form - DOPS

Client Name: _____ Client Date of Birth: __/__/____

Client HMIS/ECM CaseWorthy Client ID: _____

The Metro Dallas Homeless Alliance verifies that the above named client holds the following priority status documented in the HMIS as of DATE: _____.

P1

P5

P2

P6

P3

P7

P4

P8

Not a Priority OR Additional Documentation Required: _____

VI-SPDAT/SPDAT Score: *(indicate which instrument was used and the score)*

- VI-SPDAT 1: ____
- VI-SPDAT 2: ____
- SPDAT 4: ____

Special Conditions or Sub-population Notes:

AUTHORIZED MDHA Staff Name and Signature

