

FY 2018

**FL-507 - Orlando/Orange, Osceola,
Seminole Counties Continuum of Care**

Attachment #03:

1C-8. Coordinated Assessment Tool

**CoC FL-507 Standard Assessment Tools:
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CES Intake Pre Screening Questions

Client Name: _____ HMIS# _____ DOB? ____/____/____ Age: _____

Date: _____ HUB Location: _____ # of Adults in Household _____ # of Minors in Household _____

Expecting _____

Prescreen Script: My name is [] and I work/volunteer with Coordinated Entry. What we're here to do is an assessment to see if there are any available services that meet your needs. I'm going to ask you some questions about your current situation to assess your eligibility based on the criteria for our programs. These questions will simply let me know if we should move forward with the full assessment. If you are not eligible I can provide you with some resources at the end and discuss with you some alternative options. Would you like to continue?

1. What county are you currently staying in? Orange Osceola Seminole Other: _____
2. Are you (or someone in your household) fleeing a situation that is dangerous to you (DV)? Yes No
3. Have you (or someone in your household) served on active duty in the US Military? Yes No
4. Where did you sleep last night:

Location Options	A) Where did you sleep last night?	B) How long have you been there?	C) How long can you stay there?
Streets/Place not meant for human habitation			
Emergency Shelter			
Motel/Hotel Paid by Agency			
Jail, medical facility, treatment program			
Transitional Housing			
Motel/Hotel Self Pay or family pay			
House or Apartment			
Halfway House or Residential Project			

5. (For Chronic Screening) In the past 3 years, how many total months have you spent sleeping on the streets or emergency shelters? _____

6. Do you (or any other **adult** in your household) have a disability? Yes No
 - a. Who? Self Other _____
 - b. What type of disability _____
 - c. Do you believe you may qualify for any programs that serve people with HIV? Yes No

7. How did you hear about us? _____

8. (For Screened-in Families ONLY) If there was space available in an emergency shelter would you be interested in being contacted? Yes No If not why? _____

9. Is your primary cause of homelessness due to a natural disaster?(hurricane) Yes No
Which disaster? _____

Screen in: Have them sign the ROI

Screen out: Provide them with a list of resources

SI / SO: Ind. LOH Dis. H-Stat.
Fam. Stay F/F S-P Hot. OH

Screen in: *Based on what you've just shared, I'd like to gather more details on your situation. The next part of the assessment will take about 15-30 minutes. There are no right or wrong answers, and the more accurate and honest you can be, the better we can understand your needs. Most questions only require a "yes" or "no" or one-word answers. If you have someone helping you out with housing, you should still work with them. I can also give you some basic information about resources in the community that we encourage you to use. Again, this does not guarantee any services and does not mean you are in a program, but we do want to gather as much information about your situation in the event that there is a program you may be eligible for. If you do not hear from anyone that means services are not available. Would you like to continue?*

Screen out: *Thank you for your information. Unfortunately we don't have any programs available that you appear to be eligible for. Please know that this isn't the only option for services or programs, and there may be other Community Resources that you could benefit from (provide community resource list and highlight recommended resources or refer to 2-1-1). If your situation changes, please feel free to come back and let us know.*

Case Notes:

Staff/Volunteer Initials: _____

CES: Follow Up

Client's Name _____ DOB? ____/____/____ HMIS # _____

Intake Location: _____ Date: _____ Family Single

Date of last assessment _____

Staff notes: _____

Update: _____

- CoC Entry
- VI-SPDAT

1. Has anything changed since your last visit?
 - Yes (explain change in case notes below)
 - Wellness (health)
 - Risk (safety, criminal activities)
 - Socialization (legal, money, happiness, basic needs)
 - No
2. Contact Information- *if it has changed*
 - a. Phone Number: _____
 - b. Email: _____
 - c. Location of Engagement (If I needed to meet to talk with you tomorrow, where could I find you?) _____

Client Case Notes:

Volunteer Initials: _____

Date _____

ES,SO, TH Projects

HMIS ID# _____

CoC Entry Assessment

To be completed on all **ADULTS** over the age of 18 in the household

Personal Information

Name: _____ Date of Birth _____ Veteran? _____

SSN: _____ Phone: _____

Email: _____ Emergency Contact Info: _____

Primary Race

- American Indian/Alaska Native
- Black/African American
- White
- Asian
- Native Hawaiian/ Pacific Islander

Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- DK/Refused

Gender

- Female
- Trans Male (FTM)
- Client refused
- Male
- Gender Non-Conforming
- Trans Female (MTF)
- Client doesn't know

Relationship to the Head of Household

- Self (HOH)
- HOH's spouse or partner
- Other non-related
- HOH's Child
- HOH's other relation member

CoC Location

- Orange, Seminole, Osceola (FL-507)
- Citrus, Hernando, Lake, Sumter (FL-520)

Disability Information

Do you have a disabling condition like a physical, mental, emotional, developmental, HIV/AIDS, or diagnosable substance use disorder that significantly impairs your ability to perform daily activities?

- Yes
- No

If yes, what kind of Disability Condition (Select All that apply)

- Alcohol Use Disorder
- Developmental
- Mental Health Problem
- Alcohol & Drug Use Disorder
- Drug Use Disorder
- Physical
- Chronic Health Condition
- HIV/AIDS
- Physical \ Medical

Has a medical provider ever diagnosed the disability? (Disability Determination)

- Yes
- No

Does the condition significantly impair your daily living and ability to keep a steady job or housing (Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?)

- Yes
- Client Doesn't Know
- No
- Client Refused

Health Insurance

Do you currently have Health Insurance?

- Yes
- Client Doesn't Know
- No
- Client Refused

If yes, what type(s) of Health Insurance (select all that apply):

- Medicaid
- (VA) Medical Services
- State Health Ins for Adults
- Medicare
- Employer Provided Health Ins
- Other
- State Children's Health Ins Program
- Health Ins Obtained via Cobra
- Private Pay Health Ins
- Indian Health Services Program

Current Living Situation

Where did you sleep last night? (Residence Prior to Project Entry)

HOMELESS SITUATIONS

- Streets / Place not meant for habitation
- Emergency Shelter (ES), including hotel or motel paid for with emergency shelter voucher
- Safe Haven (Emergency Shelter for persons with severe mental illness)

INSTITUTIONAL SITUATIONS (89 days or less when entering from the streets counts as homelessness)

- 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

TRANSITIONAL OR PERMANENT HOUSING SITUATIONS (7+ nights in any of these are a break in homelessness)

- 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)

How long have you been in the above living situation? (Length of stay in previous place)

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 night or less | <input type="checkbox"/> 7+ nights, less than a month | <input type="checkbox"/> 90+ days, less than a year |
| <input type="checkbox"/> 2 – 6 nights | <input type="checkbox"/> 1 month – 89 days | <input type="checkbox"/> 1 year or longer |

What's the approximate date your current homeless episode started? (Think of the last night you stayed 7+ nights in any of the above Transitional or Permanent Housing situations. The date you left to one of the homeless situations would be the approximate date your current homeless episode began.) _____/_____/_____

Regardless of where you stayed last night, how many times have you been on streets or ES in the last 3 years?

- | | |
|----------------------------------|--|
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 3 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 4 of more times |

What's the total number of months homeless on the streets/ES in the past 3 years: _____

CoC Homeless Questions

In what county did your current episode of homelessness begin?

- Orange
- Seminole
- Osceola
- Other _____

How long were you staying in the county before becoming homeless?

- One week or less
- More than 1 week, less than a month
- 1-3 months
- More than 3 months, less than a year
- 1 year or more
- Don't Know/Client refused

Primary Cause of homelessness

- Don't Know/Refused
- Employment/Financial
- Family Problems
- Housing Issues – Forced to relocate
- Medical/Disability
- Natural/Other Disaster
- Recent Immigration

Residence or Last Permanent Address? (Any address client resided at. Not including shelters/jail/hospitals)

- Street Address: _____
- Apartment Number: _____
- City: _____
- State: _____
- Zip: _____
- Start Date: ____/____/____ End Date: ____/____/____

Domestic Violence

Are you currently, or have you ever been, a domestic violence victim \ survivor?

- Yes
- No
- Client Doesn't Know
- Client Refused

If yes for domestic violence victim \ survivor, when did the experience occur?

- Within the past three months
- Three to six months ago
- Six to twelve months ago
- More than a year ago
- Client Doesn't Know
- Client Refused

If yes for Domestic Violence Victim/Survivor, are you currently fleeing?

- Yes
- No
- Client Doesn't Know
- Client Refused

Income Information

Do you have income from any source in the last 30 days?

- Yes
- No
- Client Doesn't Know

If yes to any of the following income, specify gross amount:

- | | | | |
|---|-------|--|-------|
| <input type="checkbox"/> Alimony/Spousal Support | _____ | <input type="checkbox"/> SSDI | _____ |
| <input type="checkbox"/> Child Support | _____ | <input type="checkbox"/> SSI | _____ |
| <input type="checkbox"/> Earned Income | _____ | <input type="checkbox"/> TANF | _____ |
| <input type="checkbox"/> General Assistance | _____ | <input type="checkbox"/> Unemployment | _____ |
| <input type="checkbox"/> Other | _____ | <input type="checkbox"/> VA Non Service Connected Disb. | _____ |
| <input type="checkbox"/> Pension or retirement from job | _____ | <input type="checkbox"/> VA Service Connected Disability | _____ |
| <input type="checkbox"/> Private Disability | _____ | <input type="checkbox"/> Worker's Comp | _____ |
| <input type="checkbox"/> Retirement from SSA | _____ | | |

Total Monthly Income: \$ _____

Non-Cash Benefit Information

2. Do you have any Non-Cash benefit from any source?

- Yes No Client Doesn't Know

If yes to Non-Cash benefits, specify amount:

- | | |
|--|---|
| <input type="checkbox"/> SNAP _____ | <input type="checkbox"/> TANF Transportation _____ |
| <input type="checkbox"/> WIC _____ | <input type="checkbox"/> Other TANF-funded Services _____ |
| <input type="checkbox"/> TANF Child Care _____ | <input type="checkbox"/> Other Source _____ |

Employment Information

- Are you currently employed? Yes No
- If yes, Type of Employment: Full Time Part Time Seasonal/Sporadic (including day labor)
- If No, Reason: Looking for work Unable to work Not looking for work
- Does client need connection with SOAR? Yes No

Case Notes: _____

CoC Entry Assessment

To be completed on all **MINORS** under the age of 18 in the household

Personal Information

Client Name: _____ Date of Birth: _____

SSN: _____ Phone: _____

Email: _____ Emergency Contact Info: _____

Primary Race

- American Indian/Alaska Native
- Black/African American
- White
- Asian
- Native Hawaiian/ Pacific Islander

Ethnicity

- Non-Hispanic/Non-Latino
- Hispanic/Latino
- DK/Refused

Gender

- Female
- Trans Male (FTM)
- Client refused
- Male
- Gender Non-Conforming
- Trans Female (MTF)
- Client doesn't know

Relationship to the Head of Household

- Self (HOH)
- HOH's spouse or partner
- Other non-related
- HOH's Child
- HOH's other relation member

Client's CoC Location

- Orange, Seminole, Osceola (FL-507)
- Citrus, Hernando, Lake, Sumter (FL-520)

Disability Information

Does the child have a disabling condition like a physical, mental, emotional, developmental, HIV/AIDS, or diagnosable substance use disorder that significantly impairs your ability to perform daily activities?

- Yes
- No

If yes, what kind of Disability Condition (Select All that apply)

- Alcohol Use Disorder
- Developmental
- Mental Health Problem
- Alcohol & Drug Use Disorder
- Drug Use Disorder
- Physical
- Chronic Health Condition
- HIV/AIDS
- Physical \ Medical

Has a medical provider ever diagnosed the disability? (Disability Determination)

- Yes
- No

Does the condition significantly impair their activities of daily living (Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?)

- Yes
- Client Doesn't Know
- No
- Client Refused

Health Insurance

Does the child currently have Health Insurance?

- Yes
- Client Doesn't Know
- No
- Client Refused

If yes, what type(s) of Health Insurance (select all that apply):

- Medicaid
- (VA) Medical Services
- State Health Ins for Adults
- Medicare
- Employer Provided Health Ins
- Other
- State Children's Health Ins Program
- Health Ins Obtained via Cobra Program
- Private Pay Health Ins
- Indian Health Services Program

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT 2.0 – Individuals

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused
2. How long has it been since you lived in permanent stable housing?
 - Less than a year
 - One year or more
 - Refused
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? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health crisis centers, family/intimate violence, distress and suicide prevention hotlines? _____ Refused

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused

5. Have you been attacked or beaten up since you've become homeless? Yes No Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused

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

9. 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 they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

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

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

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

13. 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

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused you to become evicted? Yes No Refused

D. Wellness

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

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

17. 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

18. 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

19. When you are sick or not feeling well, do you avoid getting medical help? Yes No Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? Yes No Refused
21. Has 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
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
23. 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
24. 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
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
26. 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
27. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Yes No Refused

Thanks for taking time to go through this assessment. What happens now is IF and WHEN services become available, someone will reach out to you. Remember that I said we can't promise any services because I can't tell exactly if or when programs will have availability. If you do not hear from anyone that means services are not available so the best thing you can do for yourself is to utilize your support system and other community resources. Don't rely on just one program. Keep doing what you're doing: engaging with service providers like myself, and looking for housing services that make sense for you. This assessment is good for up to 6 months. If you are still in the same situation after the 6 months, you should return to complete a new assessment to update any outdated information about your situation. If your contact information changes, you should return to update that with us.(Provide list of resources)

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT – Families

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Children

1. How many children under the age of 18 are currently with you? _____
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? _____

4. Please provide a list of children's names and ages:

First Name	Last Name	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused

6. How long has it been since you and your family lived in permanent stable housing? Less than a year
 One year or more
 Refused
7. In the last three years, how many times have you and your family been homeless? _____

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- a) Received health care at an emergency department/room? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health centers crisis, family/intimate violence, distress and suicide prevention hotlines? _____ Refused
 - e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
 - f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused
9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Yes No Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? Yes No Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Yes No Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? Yes No Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Yes No Refused
17. Is everyone in your family 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
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Yes No Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Yes No Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No Refused
21. 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 or anyone in your family? Yes No Refused
22. Does anyone in your family 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
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? Yes No Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused
26. Has your family 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
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? Yes No Refused
28. IF THE FAMILY ANSWERED YES TO 19-23, AND YES TO 24-25, AND YES TO ANY 26-27:
Does any single member of your household have a, medical condition, mental health concerns, and experience with problematic substance use? Yes No Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? Yes No Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? Yes No Refused
31. Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? Yes No Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? Yes No Refused
33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? Yes No Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? Yes No Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused
36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Yes No Refused
37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? Yes No Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused
39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Yes No Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older? Yes No Refused
- b) 2 or more hours per day for children aged 12 or younger? Yes No Refused
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Yes No Refused

Thanks for taking time to go through this assessment. What happens now is IF and WHEN services become available, someone will reach out to you. Remember that I said we can't promise any services because I can't tell exactly if or when programs will have availability. If you do not hear from anyone that means services are not available so the best thing you can do for yourself is to utilize your support system and other community resources. Don't rely on just one program. Keep doing what you're doing: engaging with service providers like myself, and looking for housing services that make sense for you. This assessment is good for up to 3 months. If you are still in the same situation after the 3 months, you should return to complete a new assessment. If your contact information changes, you should return to update that information.

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

VI-SPDAT – Youth

Personal Information

Client Name: _____ Date of Birth: _____ Veteran? _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors
 - Other _____
 - Refused
2. How long has it been since you lived in permanent stable housing?
- Less than a year
 - One year or more
 - Refused
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? _____ Refused
 - b) Taken an ambulance to the hospital? _____ Refused
 - c) Been hospitalized as an inpatient? _____ Refused
 - d) Used a crisis service, including sexual assault crisis, mental health centers crisis, family/intimate violence, distress and suicide prevention hotlines? _____ Refused

- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? _____ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____ Refused
5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
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 they don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & 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, a pension, 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 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 medical 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 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 your housing? Yes No Refused
24. If you've ever used marijuana, did you try it at age 12 or younger? Yes No Refused
25. Has 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

Thanks for taking time to go through this assessment. What happens now is IF and WHEN services become available, someone will reach out to you. Remember that I said we can't promise any services because I can't tell exactly if or when programs will have availability. If you do not hear from anyone that means services are not available so the best thing you can do for yourself is to utilize your support system and other community resources. Don't rely on just one program. Keep doing what you're doing: engaging with service providers like myself, and looking for housing services that make sense for you. This assessment is good for up to 6 months. If you are still in the same situation after the 6 months, you should return to complete a new assessment to update any outdated information about your situation. If your contact information changes, you should return to update that with us. (Provide list of resources)