FY 2019

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

1C-7. CE Assessment Tool

CoC FL-507 Standard Assessment Tools: TABLE OF CONTENTS

CES INTAKE PRESCREENING	2-3
CES: FOLLOW-UP	
CES: FORLOW-OF	4
COC ENTRY ASSESSMENTS	5-9
ADULT ENTRY ASSESSMENT	5-8
MINOR ENTRY ASSESSMENT	9
VI-SPDAT'S	10-19
VI-SPDAT 2.0 - INDIVIDUALS	10-13
VI-SPDAT - FAMILIES	13-16
VI-SPDAT - YOUTHS	17-19

	Prescreen Entered ☐ Case Notes entered ☐ R	lOI/Entry/VI-SPDAT En	tered □Contact Update	ed 🛚 Docs uploaded
	CES Intake	Pre Screening Qu	estions	
Cli	ent Name:	HMIS#	DOB?/	/Age:
Da	te: HUB Location:# of Adults in Ho	usehold# of Mi	nors in Household	
			Exped	cting
the you the	escreen Script: My name is [] and I work/volunteer wi ere are any avallable services that meet your needs. I' ur eligibility based on the criteria far our programs. The full assessment. If you are not eligible I can provide y tions. Would you like to continue?	m going to ask you some hese questions will simpl	e questions about your cui ly let me know if we should	rrent situation to assess d move forward with
1.	What county are you currently staying in?	Orange □Osceola [Seminole	
	Are you (or someone in your household) fleeing			
3.	Have you (or someone in your household) serve	d on active duty in the	US Military? □	Yes 🗆 No
4.	Where did you sleep last night:			
	Location Options	A) Where did you	B) How long have you	C) How long can you
	Streets/Place not meant for human habitation	sleep last night?	been there?	stay there?
	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			
ā		ve a disability? Yes	i □ No	
	How did you hear about us?			□ No
7.	(For Screened-in Families ONLY) If there was space being contacted? Yes No If not why?	ce available in an emer	gency shelter would you	u be interested in
),	Is your primary cause of homelessness due to a n Which disaster?		ane) 🗆 Yes 🗆 No	74
	en in: Have them sign the ROI en out: Provide them with a list of resources			
	□ SI / □ SO: Ind. Fam.		Dis. ☐ H-Stat. S-P Hot. ☐ OH	

Updated 7/26/17

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 doesnot 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 far. If you do not hear from anyone that means services are not available. Would you like to continue?
<u>Screen Out:</u> Thank you for your information. Unfortunately we don't have any programs available that you appear to be eligible for. Please knaw 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:

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

CES: Follow Up

Client's Name	DOB?		/	HMIS # _	
Intake Location:					
Date of last assessm	nent				
Staff notes:					
	CoC Entry				
	VI-SPDAT				
Has anything change	ed since your last visit?				
☐ Yes (explain	change in case notes be	low)			
	liness (health) k (safety, criminal activiti	ies)			
	ation (legal, money, hap	•	sic needs)		
□ No					
2. Contact Information	- if it has changed				
a. Phone Num	ber:	C			
b. Email:			- 4-11 - 11		
find you?	Engagement (If I needed	to meet t	o taik with y	ou tomorro	ow, where could I
, , , , ,					
Client Case Notes:					
Cheff Case Notes.					
-					
-		_			
· · · · · · · · · · · · · · · · · · ·					

Date			

FS SC). TH	Pro	iects

HMIS	ID#			

CoC Entry Assessment

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

			Personal Information		
N	ame:		Date of Birth		Veteran?
SS	N:		Phone:		
Er	nail:		Emergency Contact Info:		93) — — — — — — — — — — — — — — — — — — —
Pr	imary Race				
	☐ American Indian/Alaska Native		Black/African American		White
-	🗆 Asîan		Native Hawaiian/ Pacific Islander		
Et	hnicity				
- 1	□ Non-Hispanic/Non-Latino		Hispanic/Latino		DK/Refused
	ender				
	□ Female		Trans Male (FTM)		Client refused
	□ Male		Gender Non-Conforming		
	☐ Trans Female (MTF)		Client doesn't know		
	lationship to the Head of Household		HOU's should be newton.		Other per related
	☐ Self (HOH) ☐ HOH's Child		HOH's spouse or partner HOH's other relation member	L	Other non-related
	C Location	LJ	non's other relation member		
	 Orange, Seminole, Osceola (FL-50 	71	[] Citrus Herr	andr	o, Lake, Sumter (FL-520)
	orange, semmole, escent (12 se	• •		una	5, Lake, Same (1 & 320)
_	B B. At		Disability Information		
	you have a disabling condition like a			ntai,	HIV/AIDS, or diagnosable substance
	e disorder that significantly impairs yo Yes	our i	No		
	ves, what kind of Disability Condition			_	
	Alcohol Use Disorder		Developmental Developmental		Mental Health Problem
	Alcohol & Drug Use Disorder Chronic Health Condition				•
	Chronic Health Condition	Ш	HIV\AIDS		Physical \ Medical
На	s a medical provider ever diagnosed t	he c	fisability? (Disability Determination)		×
	Yes		No		
Do	es the condition significantly impair y	OUT	daily living and ability to keep a stag	du io	h or housing /Evnected to he of
	g-continued and indefinite duration (
	Yes		Client Doesn't Know	acpc.	identity ty
	No		Client Refused		
			Health Insurance		
Do	you currently have Health Insurance	?			
	Yes		Client Doesn't Know		
	No		Client Refused		
if y	es, what type(s) of Health.Insurance	(sele	* * * * *		
	Medicaid		(VA) Medical Services		State Health Ins for Adults
	Medicare		Employer Provided Health Ins		Other
	State Children's Health Ins	\Box			
	Program		Private Pay Health Ins		
	Indian Health Services Program				

Current Living Situation

nere	e 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 homelessne	ss)
	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)	
Но	ow long have you been in the above living situation? (Length of stay in previous place)	
	1 night or less	ar
	2 – 6 nights	
anj	hat's the approximate date your current homeless episode started? (Think of the last night you stayed 7+ nigh By of the above Transitional or Permanent Housing situations. The date you left to one of the homeless situations and be the approximate date your current homeless episode began.)	
	gardless of where you stayed last night, how many times have you been on streets or ES in the last 3 years? 1 time	
Wh	hat's the total number of months homeless on the streets/ES in the past 3 years:	

CoC Homeless Questions

In wha	t coun	ty did your current episode of	home	elessness begin?			
	Oran			Osceola			
	Semi	nole		Other	-	_	
How lo	ng wei	re you staying in the county b	efore	becoming homeless?			
	One v	week or less		1-3 months			1 year or more
	More	than 1 week, less than a		More than 3 months	s, le	ess 🗆	Don't Know/Client refused
	mont	h		than a year			
Primar	y Caus	e of homelessness					
	Don't	Know/Refused		Housing Issues - Ford	cec	d to	Natural/Other Disaster
	Emple	oyment/Financial		relocate			Recent Immigration
	Famil	y Problems		Medical/Disability			
Resider	nce or I	Last Permanent Address? (Any	v addi	ress client resided at. I	Νο	t includina shelte	rs/iail/hospitals)
	0						, 0, 1 ,
	0						
	0						
	0						
	O	Control of the Contro					
	0	Start Date:/		End Date:/			
				Domestic Violence			
Aso you	CULTO	ntly, or have you ever been, a	dam			Czowiera	
	Yes	ntiy, or have you ever been, a		Client Doesn't Know	1 50	Irvivorr	
П	No			Client Refused			
		estic violence victim \ survivo			י חר	curs	
		the past three months					Client Doesn't Know
				More than a year ago	_		
		estic Violence Victim/Survivo				13	Cheffe (terasea
	Yes			Client Doesn't Know	•		
	No			Client Refused			
				Income Information	•		
		ncome from any source in the		•		-	Client Depont Know
[] If yes to		the following income, specif					Client Doesn't Know
		mony/Spousal Support	y gro:	ss amount.	7	SSDI	
		iild Support				SSI	
		rned Income	-			TANF	
		neral Assistance	-		_	Unemployment)
		her				VA Non Service	Connected Dish
		nsion or retirement from job				VA Service Conn	
		vate Disability				Worker's Comp	
		tirement from SSA				· · · · · ·	
						Total Mo	nthly Income: \$

Non-Cash Benefit Information

☐ Yes		n any source? No	☐ Client Doesn't Know
If yes to Non-Cash benefit	s, specify amoun		
□ SNAP			☐ TANF Transportation
□ WIC			☐ Other TANF-funded Services
☐ TANF Child Care			□ Other Source
		Employment in	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 fo		able to work	☐ Not looking for work
Does client need connection v	vith SOAR?	☐ Yes	□ No
Case Notes:			
4			1

Date		
HAIP		

☐ Indian Health Services Program

HMIS	ID#		
LIGALIO	1011		

CoC Entry Assessment

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

Clie	nt Name:		Personal Information Date of Birth:		_
			Phone:		
Ema	il:		Emergency Contact Info:		
	nary Race				
	American Indian/Alaska Native		Black/African American		White
			Native Hawaiian/ Pacific Islander		
Ethi	nicity				
	Non-Hispanic/Non-Latino		Hispanic/Latino	\Box	DK/Refused
Gen	der				
	Female		Trans Male (FTM)		Client refused
Ľ	Male		Gender Non-Conforming		
	Trans Female (MTF)		Client doesn't know		
Rela	tionship to the Head of Household				
	Self (HOH)		HOH's spouse or partner		Other non-related
Ū	HOH's Child		HOH's other relation member		
Clier	nt's CoC Location				
\Box	Orange, Seminole, Osceola (FL-50	07)	□ Citrus, Herr	nando	o, Lake, Sumter (FL-520)
			Disability information		
	tance use disorder that significantly		e a physical, mental, emotional, deve pairs your ability to perform daily act No		
	s, what kind of Disability Condition			_	Mantal Haulth Deckins
	Alcohol Use Disorder Alcohol & Drug Use Disorder		Developmental Drug Hap Disorder		Mental Health Problem
	Chronic Health Condition		HIV\AIDS		Physical Modical
U '	Chronic Health Condition	П	HIV (AIUS	Ц	Physical \ Medical
Has □ `	-	the a	lisability? (Disability Determination) No		
Does	the condition significantly impair t	heir	activities of daily living (Expected to	he of	long-continued and indefinite
	ition and substantially impairs abili			<i>DC 0</i> ,	iong continued and macjumes
	res	-	Client Doesn't Know		
	No		Client Refused		
_ ,		_	Health Insurance		
Door	the child currently have Health Ins	turar			
	es		Client Doesn't Know		
	No		Client Refused		
	10	J	Chefic Netused		
f ve	s, what type(s) of Health Insurance	(sele	ect all that apply):		
	Medicaid		(VA) Medical Services		State Health ins for Adults
	Viedicare		Employer Provided Health Ins		Other
	State Children's Health Ins		Health Ins Obtained via Cobra	_	-
	Program		Private Pay Health Ins		5

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

VI-SPDAT 2.0 - Individuals

Personal information

Client	: Na	me:	Date of Birth:		Veteran?
			Opening Script		
		essor in your community regardles that script you should highlight the		VI-SPD/	AT should use the same introduct
•	th th th th th	ne name of the assessor and their ame Count, etc.) The purpose of the VI-SPDAT being of the VI-SPDAT being of the translational	completed sites to complete answers are being sought refused estored erstand a question that clarification	on can b	pe provided ling that there is a correct or
Hi		y of Housing and Homelessness			
1.	w	here do γou sleep most frequently	r? (check one)		Shelters Transitional Housing Safe Haven Outdoors OtherRefused
2.		ow long has it been since you lived able housing?	in permanent		Less than a yearOne year or moreRefused
3.		the last three years, how many tin en homeless?	nes have you	-	
Ris	ks				
4.		the past six months, how many tin Received health care at an emery Taken an ambulance to the hosp Been hospitalized as an inpatient	gency department/room? ital?		☐ Refused
	d)	Used a crisis service, including se crisis centers, family/intimate vio	xual assault crisis, mental health		☐ Refused

prevention hotlines?

		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?		=	□ F	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		lefused
	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.	Soc	cialization & 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		Refus e d
	12.	Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	□ Yes	□ No	ШΙ	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.	We	eliness				
	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?	□ Y (es [□ No		Refused
20.	FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?	□ Y (es [□ 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?	□ Ye	es [□ No		Refused
22.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ Y (es [□No		Refused
23.	Have you ever had trouble maintaining your housing, or been kicked out of an a other place you were staying, because of:	partn	nent,	shelte	r p	rogram or
	a) A mental health issue or concern?	□ Ye	es C	3 No		Refused
	b) A past head injury?	□ Ye	es E	□No		Refused
	c) A learning disability, developmental disability, or other impairment?	□ Ye	es C	□ No		Refused
	Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	□ Y €	es C	∃ No		Refused
	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	□ Ye	es E	□ No		Refused
	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	□ Ye	es C	□ No		Refused
	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?	□ Ye	es C	∃ 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	
Date of Birth:	Veteran?
Onening 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

A.

Client Name:__

1.	How many children under the age of 18 are currently with y	ou?		
2.	How many children under the age of 18 are not currently w reason to believe they will be joining you when you get how		u have	
3.	IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the	family currently pregn	ant?	
4.	Please provide a list of children's names and ages: First Name Last Name			
His	story of Housing and Homelessness			
5.	Where do you and your family sleep most frequently? (chec		Iters esitional Housing	
		Safe	· Haven	
		Out Oth	doors er	

□ Refused

	6.		ow long has it been since you and your family lived in permanent able housing?		Less than a year One year or more Refused			
	7.		the last three years, how many times have you and your family en homeless?	_				
В.	Ris	ks						
	8.	In a)	the past six months, how many times have you or anyone in your family. 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.		ve you or anyone in your family been attacked or beaten up since ey've become homeless?		□ Yes	∐ No		Refused
	10.		ve you or anyone in your family threatened to or tried to harm emself or anyone else in the last year?		□ Yes	□ No		Refused
	11.	tha	you or anyone in your family have any legal stuff going on right now at may result in them being locked up, having to pay fines, or that take it more difficult to rent a place to live?		□ Yes	□ No	נו	Refused
	12.		es anybody force or trick you or anyone in your family to do things at you do not want to do?		☐ Yes	□ No		Refused
	13.	be un	o you or anyone in your family ever do things that may be considered to risky like exchange sex for money, run drugs for someone, have protected sex with someone they don't know, share a needle, or anythine that?	ng	□ Yes	CJ No		Refused
C.	Soc	:iali:	zation & Daily Functioning					
	14.		there any person, past landlord, business, bookie, dealer, or government oup like the IRS that thinks you or anyone in your family owe them mone		□ Yes	□ No	Ц	Refused
	15.	рe	you or anyone in your family get any money from the government, a nsion, an inheritance, working under the table, a regular job, or anything that?	Į.	□ 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	EJ 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 o or other place you were staying, because of:	out of an apa	ırtment	, shelter program
	a) A mental health issue or concern?	□ Yes	□ No	□ Refused
	b) A past head injury?	□ Yes	□ No	
	c) A learning disability, developmental disability, or other impairment?	□ Yes		□ 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, <u>AND</u> YES TO 24-25, <u>AND</u> 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
Far	nily 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 of there is no interaction with you or another responsible adult	children s	pend ea	ach day where
	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

E.

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

Clien	t Name:	Date of Birth:		Veteran?	
		Opening Script			
	y assessor in your community regardle t. In that script you should highlight t	ess of organization completing the VI- he following information:	SPDA	T should use the same introduct	or
•	Time Count, etc.) the purpose of the VI-SPDAT being that it usually takes less than 7 miles that only "Yes," "No," or one-word that any question can be skipped where the information is going to that if the participant does not un the importance of relaying accurate preferred answer that they need to	nutes to complete d answers are being sought or refused be stored derstand a question that clarification te information to the assessor and no	can b	e provided ing that there is a correct or	
A. H	listory of Housing and Homelessness				
1	. Where do you sleep most frequen	ntly? (check one)		Transitional Housing Safe Haven	
2.	. How long has it been since you live stable housing?	ed in permanent		Less than a year One year or more Refused	
3.	In the last three years, how many been homeless?	times have you	-		5
B. Ri	isks				
4.	 In the past six months, how many a) Received health care at an em b) Taken an ambulance to the ho c) Been hospitalized as an inpatie 	ergency department/room?		☐ Refused☐ Refused☐ Refused☐ Refused☐	
	d) Used a crisis service, including centers crisis, family/intimate	sexual assault crisis, mental health violence, distress and suicide			

prevention hotlines?

		cr	alked to police because they witnessed a crime, were the victim of a ime, or the alleged perpetrator of a crime or because the police told lem that they must move along?		_	☐ Refused
		W	ayed one or more nights in a holding cell, jail or prison, whether that as a short-term stay like the drunk tank, a longer stay for a more rious offence, or anything in between?		- ,	□ Refused
	5.	Have	you been attacked or beaten up since you've become homeless?	□ Yes	□ No	□ Refused
	6.	Have y	you threatened to or tried to harm yourself or anyone else in the ear?	[] Yes	[] No	☐ Refused
	7.	being	u have any legal stuff going on right now that may result in you locked up, having to pay fines, or that make it more difficult to 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.	for mo	u ever do things that may be considered to be risky like exchange sex oney, run drugs for someone, have unprotected sex with someone on't know, share a needle, or anything like that?	□ Yes	□ No	☐ Refused
C.	Soc	ializati	on & Daily Functioning			
	11.		e any person, past landlord, business, bookie, dealer, or government like the IRS that thinks you owe them money?	□ Yes	□ No	□ Refused
	12.		get any money from the government, a pension, an inheritance, ng under the table, a regular job, or anything like that?	□ Yes	□ No	☐ Refused
	13.		u have planned activities, other than just surviving, that make el happy and fulfilled?	□ Yes	□ No	□ Refused
	14.	clothe	u currently able to take care of basic needs like bathing, changing s, using a restroom, getting food and clean water and other like that?	□ Yes	□ No	□ Refused
	15 .	_	current lack of stable housing			
		а.	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		□ Refused
ç		d.	Because of conflicts around gender identity or sexual orientation?	☐ Yes		☐ Refused
		e. f.	Because of violence at home between family members? Because of unhealthy or abusive relationship, either at home or Elsewhere?	□ Yes	□ No	☐ Refused☐ Refused☐
D.	We	liness				
	16.		ou ever had to leave an apartment, shelter program, or other you were staying because of your physical health?	□ Yes	□ No	☐ Refused

17.	stomach, lungs or heart?	⊔ '	Yes	יו 🗆	NO	L 1	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	□ N	No	□ I	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	□ N	No		Refused
20.	When you are sick or not feeling well, do you avoid getting medical help?	□ '	Yes		10		Refused
21.	Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	□ '	Yes	□ N	Ю		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	□ N	No.		Refused
23.	Will drinking or drug use make it difficult for you to stay housed or afford your housing?	□ '	Yes		Na		Refused
24.	If you've ever used marijuana, did you try it at age 12 or younger?	□ '	Yes		io		Refused
25.	Has you ever had trouble maintaining your housing, or been kicked out of an apother place you were staying, because of:	artn	nent,	she	lter	pro	gram or
	a) A mental health issue or concern?						Refused
	b) A past head injury?						Refused
	c) A learning disability, developmental disability, or other impairment?		res		NO	<u> </u>	Refused
	Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	וט /	⁄es		10		Refused
	Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?		⁄es		10		Refused
	Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	□ \	⁄es		10		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)