ADMINISTRATION

Head of Household First Name:		Head of Household Last Name:		
Date:		Race/Ethnicity:		
Start Time:		Gender Identity (Male, Female, Transgender, Other):		
End Time:		Identifies as LGBTQ2+?	☐ Yes	☐ No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth:		
Previous VI-SPDAT completed?	☐ Yes ☐ No	Ever served in the military?	☐ Yes	☐ No
Previous VI-SPDAT Score:		Pet(s)?	☐ Yes	☐ No

2nd Head of Household First Name:		2nd Head of Household Last Name:		
Date:		Race/Ethnicity:		
Start Time:		Gender Identity (Male, Female, Transgender, Other):		
End Time:		Identifies as LGBTQ2+?	☐ Yes	☐ No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):		Date of Birth:		
Previous VI-SPDAT completed?	☐ Yes ☐ No	Ever served in the military?	☐ Yes	☐ No
Previous VI-SPDAT Score:		Pet(s)?	☐ Yes	☐ No

Disclaimer:

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OPENING SPEAKING POINTS

PLEASE USE THE BELOW SCRIPT FOR BEGINNING THE INTERVIEW.

My name is _____ and I am with ____.

I am going to be asking you some questions in order to determine how we are best able to assist you . It normally takes about 7 minutes to complete. The questions only need a yes or no answer. It might be hard to answer some questions with a yes or no, but please do your best. You are able to skip or refuse to answer any question that I ask, but also understand that if you do, we might be limited in the assistance we can give you.

All of this information is confidential and treated as such. I have a release from for you to sign that will allow me to discuss your information with other people who can assist you.

If you do not understand a question please let me know an I will do my best to explain it to you. Finally, I need you to answer the question honestly . There are no right or wrong answers and there really is no answer that we are looking for here. We are just trying to get to know you and the best way we are able to help you.

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

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. Is any member of the family currently pregnant *(if applicable)*?   ☐ Y   ☐ N   ☐ R

4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

> *Score 1if <u>any</u> of the following conditions are met:*   ☐
> - *If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.*
> - *If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.*

SECTION TWO: PRESENTING NEEDS

5. Most days can you and your family:

    a. Find a safe place to sleep   ☐ Y   ☐ N   ☐ R

    b. Access a bathroom when you need it   ☐ Y   ☐ N   ☐ R

    c. Access a shower when you need it   ☐ Y   ☐ N   ☐ R

    d. Get food   ☐ Y   ☐ N   ☐ R

    e. Get water or other non-alcoholic beverages to stay hydrated   ☐ Y   ☐ N   ☐ R

    f. Get clothing or access laundry when you need it   ☐ Y   ☐ N   ☐ R

    g. Safely store your stuff   ☐ Y   ☐ N   ☐ R

Score 1 if NO to Question 5 a, b, c, d, e, f or g.   ☐

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

6. How long has it been since you and your family lived in stable, permanent housing? *(is this in days or months or years?)*   _____

7. In the last three years, how many times have you been homeless?   _____

8. **IF THE ANSWER TO QUESTION 7 IS 2 OR MORE:**

    Thinking about those last three years and the different times you and your family were homeless, if you add up all the months you were homeless, what is the total length of time your family has experienced homelessness?   _____ *months*

9. Do you have any diagnosed, documented, disabling conditions?   ☐ Y   ☐ N   ☐ R

Score 1 if YES to QUESTION 9 and the following conditions are met: ☐
- *If the head of household:*
  - *experienced 1 or more consecutive years of homelessness **or***
  - *4+ episodes of homelessness **and** the total duration of homelessness is 12+ months.*

10. Has your family ever lived in a home that you own or an apartment in your name?   ☐ Y   ☐ N   ☐ R

11. Have you and your family ever been evicted?   ☐ Y   ☐ N   ☐ R

Score 1 if NO to Question 10 and/or YES to Question 11.   ☐

SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

12. In the last 6 months, how many times have you or anyone in your family: # of times

    a. Gone to the emergency room/department   _____

    b. Taken an ambulance   _____

    c. Been hospitalized as an inpatient   _____

    d. Used a crisis service or hotline for such concerns as family or intimate
       partner violence or suicide prevention   _____

    e. Talked to police because you witnessed a crime, were the victim of a crime,
       were the alleged perpetrator of a crime, or because they asked you to move
       along because of loitering, sleeping in a public place or anything like that   _____

    f. Stayed one or more nights in jail, a holding cell or prison   _____

> ### If the total number of interactions equals 4 or more, score 1. ☐

13. Since your family has been homeless:

    a. Has anyone in your family been beaten up or assaulted   ☐ Y   ☐ N   ☐ R

    b. Has anyone in your family threatened to beat up or assault someone else   ☐ Y   ☐ N   ☐ R

    c. Has anyone in your family threatened to harm themselves or harmed themselves   ☐ Y   ☐ N   ☐ R

    d. Has anyone threatened you or anyone in your family with violence or made any
       of you feel unsafe   ☐ Y   ☐ N   ☐ R

    e. Has anyone tried to control you or anyone in your family through violence or
       threats of violence whether that be a stranger, friend, partner, relative or
       someone in your family   ☐ Y   ☐ N   ☐ R

> ### If YES to any of Question 13, score 1. ☐

14. Does anyone in your family have any legal stuff going on right now that may
    result in any of the following:

    a. Being locked up   ☐ Y   ☐ N   ☐ R

    b. Having to pay fines or fees that you cannot afford   ☐ Y   ☐ N   ☐ R

    c. Impact your family's ability to get housing   ☐ Y   ☐ N   ☐ R

    d. Impact where you and your family could live in your housing   ☐ Y   ☐ N   ☐ R

    e. Impact your family's ability to stay together   ☐ Y   ☐ N   ☐ R

15. Has anyone in your family ever been convicted of a crime that makes it difficult   ☐ Y   ☐ N   ☐ R
    to access or maintain housing

> ### If YES to any of Question 14 and/or YES to Question 15, score 1. ☐

16. Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do? ☐ Y ☐ N ☐ R

17. Where do you and your family sleep most frequently? *(select one response)*

☐ Shelters   ☐ Transitional Housing   ☐ Couch Surfing

☐ Outdoors   ☐ Car   ☐ Other _____

18. Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? ☐ Y ☐ N ☐ R

> **Score 1 if _any_ of the following conditions are met:** ☐
> - YES to Question 16;
> - If the family stays any place _other_ than Shelters or Transitional Housing in Question 17;
> - YES to Question 18.

19. Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? ☐ Y ☐ N ☐ R

20. Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that? ☐ Y ☐ N ☐ R

21. Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? ☐ Y ☐ N ☐ R

> **Score 1 if _any_ of the following conditions are met:** ☐
> - YES to Question 19;
> - NO to Question 20;
> - YES to Question 21.

22. Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? ☐ Y ☐ N ☐ R

> **If NO to Question 22, score 1.** ☐

23. Does your family have a collection of belongings that gets in the way with your ability to access services or housing? ☐ Y ☐ N ☐ R

> **If YES to Question 23, score 1.** ☐

24. Would you say that your family's current homelessness was caused by any of the following:

   a. A relationship that broke down ☐ Y ☐ N ☐ R

   b. An unhealthy or abusive relationship ☐ Y ☐ N ☐ R

   c. Because family or friends caused your family to lose your housing ☐ Y ☐ N ☐ R

25. Do most of your family and friends have stable housing?   ☐ Y   ☐ N   ☐ R

If YES to _any_ of Question 24, and/or NO to Question 25, score 1.   ☐

26. Is anyone in your current household 60 years of age or older?   ☐ Y   ☐ N   ☐ R

27. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing?   ☐ Y   ☐ N   ☐ R

If YES to Question 26 and/or YES to Question 27, score 1.   ☐

28. Does anyone in your family use alcohol or drugs in a way that it:

    a. Impacts their life in a negative way most days   ☐ Y   ☐ N   ☐ R

    b. Makes it hard to access housing   ☐ Y   ☐ N   ☐ R

    c. Might require assistance to maintain housing   ☐ Y   ☐ N   ☐ R

If YES to _any_ of Question 28, score 1.   ☐

29. Are there any medications that, for whatever reason:

    a. A doctor said someone in your family should be taking but they are not taking   ☐ Y   ☐ N   ☐ R

    b. The medication gets sold instead of being taken   ☐ Y   ☐ N   ☐ R

    c. The medication is used other than how it is prescribed   ☐ Y   ☐ N   ☐ R

    d. The medication is impossible to take, forgotten, or chosen not to take it   ☐ Y   ☐ N   ☐ R

If YES to _any_ of Question 29, score 1.   ☐

30. Has your family's homelessness been caused by any recent or past trauma or abuse?   ☐ Y   ☐ N   ☐ R

If YES to Question 30, score 1.   ☐

31. Are there any children that have been removed from the family by a child protection service in the last six months?   ☐ Y   ☐ N   ☐ R

32. Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing?   ☐ Y   ☐ N   ☐ R

If YES to Question 31 and/or Question 32, score 1.   ☐

33. At any point in the last six months, have any of your children been separated from you to live with another family member or friend? ☐ Y ☐ N ☐ R

34. In the last six months, have any of the children experienced abuse or trauma? ☐ Y ☐ N ☐ R

35. *If there are school-aged children:* Do your children attend school more often than not each week? ☐ Y ☐ N ☐ R

Score 1 if <u>any</u> of the following conditions are met:
- *YES to Question 33;*
- *YES to Question 34;*
- *NO to Question 35.*

☐

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36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that? ☐ Y ☐ N ☐ R

37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? ☐ Y ☐ N ☐ R

If YES to Question 36 and/or Question 37, score 1. ☐

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38. Does your family have a support network for when you need help with your children or other things that come up? ☐ Y ☐ N ☐ R

39. *If there are children 12 and younger as well as 13 and over:* In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ R

If NO to Question 38 and/or YES to Question 39, score 1. ☐

TOTAL SCORE

☐

SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-8	Assess for moderate and often time-limited supports
9+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

_____

_____

_____

If that is unsuccessful, what is the next best way to reach you?

_____

_____

_____