

ADMINISTRATION

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

OPENING SPEAKING POINTS

PLEASE USE THE BELOW SCRIPT FOR THE 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.

Disclaimer:
 OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- 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 NA

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

SECTION TWO: HOUSING HISTORY

2. How long has it been since you lived in stable, permanent housing? _____

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

4. IF THE ANSWER TO QUESTION 3 IS 4 OR MORE:

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

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

Score 1 if YES to Question 5 and any of the following conditions are met:

- If the youth experienced:
 - 1 or more consecutive years of homelessness or
 - 4+ episodes of homelessness and the total duration of homelessness is 12+ months.

6. Have you ever lived in a home that you own or an apartment in your name? Y N R

7. Have you and/or your family spent a lot of time without stable housing?
Did you all move around a lot? Y N R

8. Were you in an out-of-home placement (foster care, group home, etc.) as a minor? Y N R

Score 1 if any of the following conditions are met:

- NO to Question 6;
- YES to Question 7;
- YES to Question 8.



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

- | 9. In the last 6 months, how many times have you: | <i># of times</i> |
|--|-------------------|
| a. Gone to the emergency room/department | _____ |
| b. Taken an ambulance | _____ |
| c. Been hospitalized as an inpatient | _____ |
| d. Used a crisis service or hotline like suicide prevention, mental health crisis or teen/youth crisis counsellor at school or a drop-in | _____ |
| 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, juvenile detention or prison | _____ |

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

10. Since you have been homeless:
- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Have you been beaten up or assaulted | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Have you threatened to beat up or assault someone else | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Have you threatened to harm yourself or harmed yourself | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Has anyone threatened you with violence or made you feel unsafe | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to any of Question 10, score 1.

11. Do you have any legal stuff going on right now that may result in any of the following:
- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Being locked up | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Having to pay fines or fees that you cannot afford | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Impact your ability to get housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Impact where you could live in your housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
12. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? Y N R
13. Did you spend time in Juvenile Corrections & Detention prior to age 18? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 11 a, b, c or d;
- YES to Question 12;
- YES to Question 13.



14. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? Y N R

15. Where do you sleep most frequently? (*select one response*)

- Shelters Transitional Housing Safe Haven Couch Surfing/Hopping*
 Outdoors Car Other _____

16. Do you ever do things that may be considered risky or harmful like run drugs, share a needle, do sex work or survival sex, or anything like that? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 14;
- If the person stays any place other than Shelters or Transitional Housing or Safe Haven in Question 15;
- YES to Question 16.

17. Is there anybody that thinks you owe 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

18. Do you get any money from the government, a job, working under the table, day labour, an inheritance or a pension, or anything like that? Y N R

19. Do you ever gamble with money you 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 17;
- NO to Question 18;
- YES to Question 19.

20. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? Y N R

If NO to Question 20, score 1.

21. Do you have a collection of belongings that gets in the way with your ability to access services or housing? Y N R NA

If YES to Question 21, score 1.

22. Would you say that your current homelessness was caused by any of the following:

- a. You went on the run from a family home, group home, or foster home Y N R
- b. There was violence at the home between family members Y N R
- c. There were differences in religious beliefs between your parents/guardian/caregivers Y N R
- d. There were conflicts about gender identity or sexual orientation Y N R

*Couch surfing/hopping does not meet HUD homeless eligibility however there are other programs for which a youth experiencing homelessness and couch hopping may qualify, i.e. programs funded by RHY/FSBY, and other State or local programs such as basic center program or extended foster care benefits. Communities should take this into consideration when verifying eligibility for youth experiencing homelessness.



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

If YES to any of Question 22, and/or NO to Question 23, score 1.

24. Are you 17 years of age or younger? Y N R

25. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you might require assistance to access or keep housing? Y N R

26. Are you currently pregnant (if applicable)? Y N R

27. Were you pregnant or did you get someone else pregnant as a minor? Y N R

If YES to Question 24, Question 25, Question 26 and/or Question 27, score 1.

28. Do you use alcohol or drugs in a way that it:

a. Impacts your 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

29. Did you try marijuana at or under the age of 12 years old? Y N R

If YES to any of Question 28 and/or Question 29, score 1.

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

a. You sell instead of taking Y N R

b. You use in a way other than how it is prescribed Y N R

c. You can't get to because you don't feel safe Y N R

d. You find impossible to take or you forget to take Y N R

If YES to any of Question 30, score 1.

31. Has your homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 31, score 1.



32. High Risk of Long Term Homelessness

Score 1 if all of the following conditions are met:

- YES to Question 13
- YES to Question 22 (a, b c or d);
- YES to Question 27;
- YES to Question 29.

TOTAL SCORE

SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	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?

