

## Administration

Interviewer's Name	Agency	Survey Location (Agency/City):
_____	_____	_____
Interviewer's Work Phone Number	Interviewer's Work Email Address	Outreach Only: Location Coordinates
_____	_____	_____
		include cross streets with quadrants (NE/NW/SE/SW)
Survey Date:	Survey Start Time	Survey End Time
MM/DD/YYYY ____/____/_____	__ : __ AM/PM	__ : __ AM/PM

## Opening Script

Every assessor in our community regardless of organization completing the VI-SPDAT should use the same introductory script. That script should include the following information:

"My name is [ ] and I work for a group called [ ]. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into a protected, community-wide database, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources you might be eligible for. Some questions are personal in nature, but you can skip or refuse any question at any time for any reason. We only ask these questions to better understand what resources can help you, so the more honest you are, the better we can figure out how best to support you. So, please answer as honestly as you feel comfortable doing.

Would you like to take the survey with me?  Yes  No

**If "yes," ask the individual to sign the Release of Information before proceeding.**

**If "no," why not?:** \_\_\_\_\_

"If at any point you don't understand what I am really asking, just let me know and I will help you understand what I want to know. Let's start with the first question: **Even if they are not with you today, would your household include a husband, wife, long-term partner, or minor children if you had a safe place to live?**  Yes  No (If yes, use the Family version of the VI-SPDAT. Otherwise, use the single/individual form.)

## Basic Information

PARENT 1:

First Name	Nick Name	Last Name
_____	_____	_____
In what language do you feel best able to express yourself? _____		
Date of Birth:	Age	Consent to Participate?
MM/DD/YYYY ____/____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT 2:

First Name	Nick Name	Last Name
_____		
In what language do you feel best able to express yourself? _____		
Date of Birth:	Age	Consent to Participate?
MM/DD/YYYY ____/____/_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Pre-Survey

- A. Do you feel safe right now?     Yes     No  
 (If "yes," continue with the survey. If "no,"..."What's going on? Do you want to talk about it?" And maybe add lethality assessment in the future?)

### Children

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
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? \_\_\_\_\_  Refused
3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant?     Yes     No     Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth	Gender
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### A. History of Housing and Homelessness

1. Where do and your family sleep most frequently? (check one)
  - Shelters
  - Transitional Housing
  - Outdoors (inclusive of all places not meant for habitation, including: streets, sidewalks, doorways, car, bus or subway, park or abandoned buildings)
  - Other (specify):
  - Refused
2. How long has it been since you and your family lived in permanent stable housing? (in months) \_\_\_\_\_  Refused

3. In the last three years...

- A. How many times have you and your family been homeless? \_\_\_\_\_  Refused
- B. What is the total number of months you and your family have lived on the streets or in shelters? \_\_\_\_\_  Refused
- C. Have you and your family been continually homeless for at least a year? .....  Yes  No  Refused

**B. Risks**

4. In the past six months, -- count back with the month: "so since [ ]" -- how many times have you or anyone in your family...

- A. Received health care at an emergency 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, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
- E. Talked to police because you witnessed a crime, were the victim of a crime or the alleged perpetrator of a crime, or because police told you that you 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 offense, or anything in between? \_\_\_\_\_  Refused

- 5. Have you or anyone in your family been attacked or beaten up since they've become homeless? .....  Yes  No  Refused
- 6. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? .....  Yes  No  Refused
- 7. 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
- 8. Does anybody force or trick you or anyone in your family to do things that you do not want to do? .....  Yes  No  Refused
- 9. 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**

- 10. 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
- 11. 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
- 12. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? .....  Yes  No  Refused
- 13. 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
- 14. 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

- 15. 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
- 16. Do you or anyone in your family 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 or anyone in your family? .....  Yes  No  Refused
- 18. 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
- 19. When someone in your family is sick or not feeling well, does your family avoid getting medical help? .....  Yes  No  Refused
- 21. 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
- 22. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? .....  Yes  No  Refused
- 23. 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
- 24. 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
  - A. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concerns, **and** experience with substance use? ....  Yes  No  N/A or Refused
- 25. 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
- 26. 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
- 27. YES OR NO: 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

- 28. Are there any children that have been removed from the family by a child protection service within the last 180 days? .....  Yes  No  Refused
- 29. 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
- 30. In the last 180 days, have any children lived with family or friends because of your homelessness or housing situation? .....  Yes  No  Refused
- 31. Has any child in the family experienced abuse or trauma in the last 180 days? .....  Yes  No  Refused
- 32. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? .....  Yes  No  N/A or Refused
- 33. 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

34. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? .....  Yes  No  Refused
35. 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
36. 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
37. 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  N/A or Refused

### Follow-Up Questions

Finally, I'd like to ask you some questions to help us better understand homelessness, your eligibility for certain housing programs, and to improve housing and support services.

1. What is your gender?  Male  Female  Transgender  Refused  Other (specify): \_\_\_\_\_
2. What races/ethnicities are represented in your family? (check all that apply)  White  Hispanic, Latino, or Spanish origin  
 Black or African American  Asian  American Indian or Alaska Native  
 Native Hawaiian/Other Pacific Islander  Some other race, ethnicity, or origin
3. Have you or anyone in your family ever served in the U.S. Military? .....  Yes  No  Refused
- A. If yes, which war/war era did you or your family member serve in?
- September 2001 or later
  - August 1990 to August 2001 (includes Persian Gulf War)
  - May 1975 to July 1990
  - Vietnam War Era (August 1964 to April 1975)
  - February 1955 to July 1964
  - Korean War (July 1950 to January 1955)
  - January 1947 to June 1950
  - World War II (December 1941 to December 1946)
  - Other peace-keeping operations/military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)
  - Refused
  - Other (specify): \_\_\_\_\_
- B. If yes, what was the character of that discharge?
- Honorable  Dishonorable
  - General Under Honorable Conditions  Still on Active Duty
  - Other than Honorable  Refused
  - Bad Conduct
- C. If yes, were you or your family member in the reserves? ..  Yes  No  Refused
- i. For reservists only, how long did you or your family member serve? \_\_\_\_\_ (in months)
- D. If yes, did you or your family member serve in a combat or war zone or receive hostile fire or imminent danger pay?  
 Yes  No  Refused
- E. **If yes, were you or your family member personally exposed to combat-related situations (including, but not limited to, receiving fire, taking part in offensive activities, or exposure to dead or seriously wounded comrades, enemy combatants, or civilians)?**  
 Yes  No  Refused
4. What is your citizenship status? (check all that apply)  Citizen  Permanent Legal Resident  Undocumented  
 Asylee, Refugee, or Other Eligible Immigrant  Refused

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

FAMILY

AMERICAN VERSION 2.0

- 5. Have you or anyone in your family ever been in foster care? .....  Yes  No  Refused
- 6. Have you or anyone in your family ever been in jail or prison? .....  Yes  No  Refused
- 7. What kind of health insurance do you have, if any? (select all that apply)  Medicaid  Medicare
  - VA Medical Services  Private Pay  State Health Insurance Program for Adults
  - State Children’s Health Insurance Program (CHIP)  Employer Provided Health Insurance
  - None  Other (specify) \_\_\_\_\_
- 8. There are some housing options that are shared, like with a roommate. Would you be interested in anything like that? .....  Yes  No  Refused
- 9. There are some housing options that required you to be sober. Would you be interested in anything like that? .....  Yes  No  Refused
- 10. If you have any money coming in on a regular basis, can you provide me with the name and amount of each income source?
  - Monthly Income Source(s): \_\_\_\_\_
  - Monthly Income Amount(s): \_\_\_\_\_
- 11. Are you or anyone in your family currently receiving or waiting to hear back about SSI, SSDI, or other disability benefit applications? .....  Yes  No  Refused
- 12. Does your family have any pets? .....  Yes  No  Refused

A. If yes, what kind and how many? \_\_\_\_\_

On a regular day, where is it easiest to find you and what time of day is easiest to do so?  
 (If someone really needed to contact you about an important issue, where and when would they find you?) **Surveyor: please collect multiple locations and the individual’s schedule, including where they sleep, when they arrive each night, when they leave each morning, where they obtain meals, and where they reside during the day.**

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have any other agencies or case workers that might be able to get in touch with you?

Agency Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

What kinds of things would you like help with right now?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_