

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: MM/DD/YYYY ____/____/_____	Survey Start Time __ : __ AM/PM	Survey End Time __ : __ 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

First Name	Nick Name	Last Name
In what language do you feel best able to express yourself? _____		
Date of Birth: MM/DD/YYYY ____/____/_____	Age _____	Consent to Participate? <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?)

A. History of Housing and Homelessness

1. Where do you 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 lived in permanent stable housing? (in months) _____ Refused

3. In the last three years...
 A. How many times have you been homeless? _____ Refused
 B. What is the total number of months you have lived on the streets or in shelters? _____ Refused
 C. Have you 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...
 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 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 you 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 N/A or Refused
- 21. Has your 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 would 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. YES OR NO: 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

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 is your race/ethnicity? (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 ever served in the U.S. Military? Yes No Refused
 - A. If yes, which war/war era did you 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 in the reserves? Yes No Refused
 - i. For reservists only, how long did you serve? _____ (in months)
4. Did you serve in a combat or war zone or receive hostile fire or imminent danger pay? Yes No Refused
5. **Were you 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
6. What is your citizenship status? Citizen Permanent Legal Resident Undocumented
 Asylee, Refugee, or Other Eligible Immigrant Refused
7. Have you ever been in foster care? Yes No Refused
8. Have you ever been in jail or prison? Yes No Refused
9. 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) _____
10. There are some housing options that are shared, like with a roommate. Would you be interested in anything like that? Yes No Refused
11. There are some housing options that required you to be sober. Would you be interested in anything like that? Yes No Refused
12. 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): _____

13. Are you currently receiving or waiting to hear back about SSI, SSDI, or other disability benefit applications? Yes No Refused
14. Do you 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?

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