**VI-SPDAT – Single Adults**

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| --- |
| **Administration** |
| **Interviewer’s Name** | **Agency** |  | [ ]  **Team**[x]  **Staff**[ ]  **Volunteer** |
|  | CACFC |  |  |
| **Survey Date** | **Survey Time** |  | **Survey Location** |
| Click here to enter a date. |  |  |  |
| **Basic Information** |
| **First Name** | **Nickname** | **Last Name** |  |
|  |  |  |  |
| **In what language do you feel best able to express yourself?** |  |  |
|  |  |  |  |  |
| **Date of Birth** | **Age** | **Social Security Number** | **Consent to participate** |
| Click here to enter a date. |  |  | [ ]  | **Yes** | [ ]  **No** |  |
| **If the person is 60 years of age or older, then score 1.** | **Score** |  |
|  |  |  |  |  |  |  |
| 1. **History of Housing & Homelessness**
 |  |  |  |  |
| 1. **Where do you sleep most frequently?** (check one)
 |  |  |
| [x] Shelters | [ ] Outdoors | [ ] Other (please specify) |
| [ ] Transitional Housing | [ ] Refused |  |
| [ ] Safe Haven |  |  |  |
| **If the person answers anything other than shelter, transitional housing, or safe haven, then score 1.** | **Score** |  |
| 1. How long has it been since you lived in permanent stable housing?
 |  | Years |[ ]  Refused |
|  |  |  |  |  |
| 1. In the last three years, how many times have you been homeless?
 |  |  |[ ]  Refused |
| **If the person has experienced 1 or more consecutive years of homelessness and/or 4+ episodes of homelessness, then score 1.** | **Score** |  |
| 1. **Risks**
 |  |  |  |  |
| 1. In the past six months, how many times have you . . .
 |[ ] [ ]  Refused |  |
| 1. Received health care at an emergency department/room?
 |[ ] [ ]  Refused |  |
| 1. Taken an ambulance to the hospital?
 |[ ] [ ]  Refused |  |
| 1. Been hospitalized as an inpatient?
 |[ ] [ ]  Refused |  |
| 1. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
 |[ ] [ ]  Refused |  |
| 1. Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
 |[ ] [ ]  Refused |  |
| 1. 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 |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **If the total number of interactions equals 4 or more, then score 1 for emergency service use.** |  |  | **Score** |  |
| 1. Have you been attacked or beaten up since you’ve become homeless?
 | [ ] **Y** | [ ] **N** | [ ]  | **Refused** |
| 1. Have you threatened to or tried to harm yourself or anyone else in the last year?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, then score 1 for risk of harm.** |  |  | **Score** |  |
| 1. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that makes it more difficult to rent a place to live?
 | [ ] **Y** | [ ] **N** |[x]  **Refused** |
| **If “yes,” then score 1 for legal issues.** |  |  | **Score** |  |
| 1. Does anybody force or trick you to do things that you do not want to do?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you ever do things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t now, share a needle, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to any of the above, then score 1 for exploitation.** |  |  | **Score** |  |
| 1. **Socialization & Daily Functioning**
 |
| 1. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question 10 or “no” to question 11, then score 1 for money management.** |  |  | **Score** |  |
| 1. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “no,” then score 1 for meaningful daily activity.** |  |  | **Score** |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “no” to question 11, then score 1 for self-care.** |  |  | **Score** |  |
| 1. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” then score 1 for social relationships.** |  |  | **Score** |  |
|  |  |  |  |  |
| 1. **Wellness**
 |  |  |  |  |
| 1. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you have chronic health issues with your liver, kidneys, stomach, lungs, or heart?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. When you are sick and not feeling well, do you avoid getting help?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for physical health.** |  |  | **Score** |  |
| 1. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Will drinking or drug use make it difficult for you to stay housed or afford your housing?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for substance abuse.** |  |  | **Score** |  |
| 1. 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:
 |  |  |  |  |
| 1. A mental health issue or concern?
2. A past head injury?
3. A learning disability, developmental disability, or other impairment?
 | [ ] **Y**[ ] **Y**[ ] **Y** | [ ] **N**[ ] **N**[ ] **N** | [ ] [ ] [ ]  | **Refused****Refused****Refused** |
| 1. 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** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for mental health.** |  |  | **Score** |  |
|  |  |  |  |  |
| **If the respondent scored 1 for physical health, 1 for substance abuse, and 1 for mental health, score 1 for tri-morbidity.** |  |  | **Score** |  |
| 1. Are there any medications that a doctor said you should be taking, for whatever reason, you are not taking?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, score 1 for medications.** |  |  | **Score** |  |
|  |  |  |  |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
|  |  |  |  |  |
| **If “yes,” score 1 for trauma and abuse.** |  |  | **Score** |  |
| **Scoring Summary** |  |  |  |  |
| **Domain** | **Subtotal** |  | **Results** |
| **Pre-Survey (yes to age 60+)** |  | **/1** | **Score: Recommendation:**0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/ Housing First |
| **Housing & Homelessness** |  | **/2** |  |
| **Risks** |  | **/4** |  |
| **Socialization & Daily Functions** |  | **/4** |  |
| **Wellness** |  | **/6** |  |
| **Grand Total** |  | **/17** |  |
| **Follow-Up Questions** |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_: \_\_\_\_\_ or Night |
| Is there a phone number and/or email where someone can safety get in touch with you or leave you a message? | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Okay, now I’d like to take your picture so that it is easier to find you and confirm your identity I the future. May I do so? | [ ] Yes [ ] No [ ] Refused |

**VI-SPDAT – Family**

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| --- |
| **Administration** |
| **Interviewer’s Name** | **Agency** |  | [ ]  **Team**[x]  **Staff**[ ]  **Volunteer** |
|  | CACFC |  |  |
|  |  |  |  |
| **Survey Date** | **Survey Time** |  | **Survey Location** |
| Click here to enter a date. |  |  |  |
| **Basic Information** |
| **P****A****R****E****N****T****1** | **First Name** |  | **Last Name** |  |
|  |  |  |  |
|  | **In what language do you feel best able to express yourself?** |  |
|  |  |  |  |  |  |
|  | **Date of Birth** |  | **Social Security Number** | **Consent to participate** |
|  | Click here to enter a date. |  |  | [ ]  | **Yes** | [ ]  **No** |  |
| **P****A****R****E****N****T****2** | **First Name** |  | **Last Name** |  |
|  |  |  |  |
|  | **In what language do you feel best able to express yourself?** |  |
|  |  |  |  |  |  |
|  | **Date of Birth** |  | **Social Security Number** | **Consent to participate** |
|  | Click here to enter a date. |  |  | [ ]  | **Yes** | [ ]  **No** |  |
| **If either head of household is 60 years of age or older, then score**  | **Score** |  |
| **Children** |
| 1. 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 |
| 1. 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 |
| 1. If household includes a female: Is any member of the family currently pregnant?
 |  | [ ] Refused |
| 1. Please provide a list of children’s names and ages:
 |  |  |
| **First Name** | **Last Name** | **Age** | **Date of Birth** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **If there is a single parent with 2+ children, and/or a child ages 11 or younger, and/or a current pregnancy, then score 1 for family size.****If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy, then score 1 for family size.**  | **Score** |  |
| 1. **History of Housing & Homelessness**
 |  |  |  |
| 1. **Where do you sleep most frequently?** (check one)
 |  |  |
| [ ] Shelters | [ ] Outdoors | [ ] Other (please specify) |
| [ ] Transitional Housing | [ ] Refused |  |
| [ ] Safe Haven |  |  |  |
| **If the person answers anything other than shelter, transitional housing, or safe haven, then score 1.** | **Score** |  |
| 1. How long has it been since you and your family lived in permanent stable housing?
 |  | Years |[ ]  Refused |
|  |  |  |  |  |
| 1. In the last three years, how many times have you and your family been homeless?
 |  |  |[ ]  Refused |
| **If the family has experienced 1 or more consecutive years of homelessness and/or 4+ episodes of homelessness, then score 1.** | **Score** |  |
| 1. **Risks**
 |  |  |  |  |
| 1. In the past six months, how many times have you or anyone in your family . . .
 |  |[ ]  Refused |
| 1. Received health care at an emergency department/room?
 |  |[ ]  Refused |
| 1. Taken an ambulance to the hospital?
 |  |[ ]  Refused |
| 1. Been hospitalized as an inpatient?
 |  |[ ]  Refused |
| 1. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
 |  |[ ]  Refused |
| 1. Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
 |  |[ ]  Refused |
| 1. 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 |
|  |  |  |  |
| **If the total number of interactions equals 4 or more, then score 1 for emergency service use.** |  |  | **Score** |  |
| 1. Have you or anyone in your family been attacked or beaten up since you’ve become homeless?
 | [ ] **Y** | [ ] **N** | [ ]  | Refused |
| 1. Have you or anyone in your family threatened to or tried to harm yourself or anyone else in the last year?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes” to any of the above, then score 1 for risk of harm.** |  |  | **Score** |  |
| 1. Do you or anyone in your family have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that makes it more difficult to rent a place to live?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes,” then score 1 for legal issues.** |  |  | **Score** |  |
| 1. Does anybody force or trick you or anyone in your family to do things that you do not want to do?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. Do you or anyone in your family ever do things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t now, share a needle, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes,” to any of the above, then score 1 for exploitation.** |  |  | **Score** |  |
| 1. **Socialization & Daily Functioning**
 |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes,” to question 10 or “no” to question 11, then score 1 for money management.** |  |  | **Score** |  |
| 1. Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “no,” then score 1 for meaningful daily activity.** |  |  | **Score** |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “no” to question 11, then score 1 for self-care.** |  |  | **Score** |  |
| 1. Is your family’s homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes,” then score 1 for social relationships.** |  |  | **Score** |  |
| 1. **Wellness**
 |  |  |  |  |
| 1. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. Do you or anyone in your family have chronic health issues with your liver, kidneys, stomach, lungs, or heart?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| 1. When someone in your family is sick and not feeling well, does your family avoid getting help?
 | [ ] **Y** | [ ] **N** |[ ]  Refused |
| **If “yes,” to question to any of the above, then score 1 for physical health.** |  |  | **Score** |  |
| 1. Has your 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for substance abuse.** |  |  | **Score** |  |
| 1. Have 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:
 |  |  |  |  |
| 1. A mental health issue or concern?
2. A past head injury?
3. A learning disability, developmental disability, or other impairment?
 | [ ] **Y**[ ] **Y**[ ] **Y** | [ ] **N**[ ] **N**[ ] **N** | [ ] [ ] [ ]  | **Refused****Refused****Refused** |
| 1. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you’d need help?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for mental health.** |  |  | **Score** |  |
| 1. 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 problematic substance use?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” score 1 for tri-morbidity.** |  |  | **Score** |  |
| 1. Are there any medications that a doctor said you or anyone in your family should be taking, for whatever reason, you are not taking?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where you sell the medication?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, score 1 for medications.** |  |  | **Score** |  |
| 1. 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 have experienced?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
|  |  |  |  |  |
| **If “yes,” score 1 for trauma and abuse.** |  |  | **Score** |  |
| 1. **Family Unit**
 |  |  |  |  |
| 1. Are there any children that have been removed from the family by a child protection service within the last 180 days?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, score 1 for family legal issues.** |  |  | **Score** |  |
| 1. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Has any child in the family experienced abuse or trauma in the last 180 days?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. IF THERE ARE SCHOOL AGED CHILDREN: Do your children attend school more often than not each week.
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to questions 34 or 35, or “no” to question 36, score 1 for needs of children.** |  |  | **Score** |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, score 1 for family stability.** |  |  | **Score** |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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…
 |  |  |  |  |
| 1. 3 or more hours per day for children aged 13 or older
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 2 or more hours per day for children aged 12 or younger?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. IF THERE ARE CHILDREN BOTH 12 & UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger siblings with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “no” to question 39 or “yes” to any of questions 40 or 41, score 1 for parental engagement.** |  |  | **Score** |  |
| **Scoring Summary** |
| **Domain** | **Subtotal** |  | **Results** |
| **Pre-Survey (yes to age 60+)** |  | **/2** | **Score: Recommendation:**0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/ Housing First |
| **Housing & Homelessness** |  | **/2** |  |
| **Risks** |  | **/4** |  |
| **Socialization & Daily Functions** |  | **/4** |  |
| **Wellness** |  | **/6** |  |
| **Family Unit** |  | **/4** |  |
| **Grand Total** |  | **/22** |  |
|  |
| **Follow-Up Questions** |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_: \_\_\_\_\_ or Night |
| Is there a phone number and/or email where someone can safety get in touch with you or leave you a message? | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Okay, now I’d like to take your picture so that it is easier to find you and confirm your identity I the future. May I do so? | [ ] Yes [ ] No [ ] Refused |

**VI-SPDAT – Single Youth (Ages 18-24)**

|  |
| --- |
| **Administration** |
| **Interviewer’s Name** | **Agency** |  | [ ]  **Team**[x]  **Staff**[ ]  **Volunteer** |
|  | CACFC |  |  |
|  |  |  |  |
| **Survey Date** | **Survey Time** |  | **Survey Location** |
| **Basic Information** |
| **First Name** | **Nickname** | **Last Name** |  |
|  |  |  |  |
| **In what language do you feel best able to express yourself?** |  |  |
|  |  |  |  |  |
| **Date of Birth** | **Age** | **Social Security Number** | **Consent to participate** |
| Click here to enter a date. |  |  | [ ]  | **Yes** | [ ]  **No** |  |
| **If the person is 17 years of age or less, then score 1.** | **Score** |  |
| 1. **History of Housing & Homelessness**
 |  |  |  |  |
| 1. **Where do you sleep most frequently?** (check one)
 |  |  |
| [ ] Shelters | [ ] Couch surfing | [ ] Other (specify):  |
| [ ] Transitional Housing | [ ] Outdoors |  |
| [ ] Safe Haven | [ ] Refused |  |  |
| **If the person answers anything other than shelter, transitional housing, or safe haven, then score 1.** | **Score** |  |
| 1. How long has it been since you lived in permanent stable housing?
 |  | Years |[ ]  Refused |
|  |  |  |  |  |
| 1. In the last three years, how many times have you been homeless?
 |  |  |[ ]  Refused |
| **If the person has experienced 1 or more consecutive years of homelessness and/or 4+ episodes of homelessness, then score 1.** | **Score** |  |
| 1. **Risks**
 |  |  |  |  |
| 1. In the past six months, how many times have you . . .
 |  |[ ]  Refused |  |
| 1. Received health care at an emergency department/room?
 |  |[ ]  Refused |  |
| 1. Taken an ambulance to the hospital?
 |  |[ ]  Refused |  |
| 1. Been hospitalized as an inpatient?
 |  |[ ]  Refused |  |
| 1. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
 |  |[ ]  Refused |  |
| 1. Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
 |  |[ ]  Refused |  |
| 1. 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 |  |
| **If the total number of interactions equals 4 or more, then score 1 for emergency service use.** |  |  | **Score** |  |
|  |  |  |  |  |
| 1. Have you been attacked or beaten up since you’ve become homeless?
 | [ ] **Y** | [ ] **N** | [ ]  | **Refused** |
| 1. Have you threatened to or tried to harm yourself or anyone else in the last year?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes” to any of the above, then score 1 for risk of harm.** |  |  | **Score** |  |
| 1. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that makes it more difficult to rent a place to live?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Were you ever incarcerated when younger than age 18?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to any of the above then score 1 for legal issues.** |  |  | **Score** |  |
| 1. Does anybody force or trick you to do things that you do not want to do?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you ever do things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t now, share a needle, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to any of the above, then score 1 for exploitation.** |  |  | **Score** |  |
| 1. **Socialization & Daily Functioning**
 |
| 1. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question 10 or “no” to question 11, then score 1 for money management.** |  |  | **Score** |  |
| 1. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “no,” then score 1 for meaningful daily activity.** |  |  | **Score** |  |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “no” to question 11, then score 1 for self-care.** |  |  | **Score** |  |
| 1. Is your current lack of stable housing
 |  |  |  |  |
| 1. Because you ran away from your family home, a group home, or a foster home?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Because your family or friends caused you to become homeless?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Because of conflicts around gender identity or sexual orientation?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” then score 1 for social relationships.** |  |  | **Score** |  |
|  |  |  |  |  |
| 1. **Wellness**
 |  |  |  |  |
| 1. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Do you have chronic health issues with your liver, kidneys, stomach, lungs, or heart?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. 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?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. When you are sick and not feeling well, do you avoid getting help?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant, ever been pregnant, or have you ever gotten someone pregnant?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for physical health.** |  |  | **Score** |  |
| 1. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Will drinking or drug use make it difficult for you to stay housed or afford your housing?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. If you’ve ever used marijuana, did you ever try it at age 12 or younger?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for substance abuse.** |  |  | **Score** |  |
| 1. 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:
 |  |  |  |  |
| 1. A mental health issue or concern?
2. A past head injury?
3. A learning disability, developmental disability, or other impairment?
 | [ ] **Y**[ ] **Y**[ ] **Y** | [ ] **N**[ ] **N**[ ] **N** | [ ] [ ] [ ]  | **Refused****Refused****Refused** |
| 1. 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** | [ ] **N** |[ ]  **Refused** |
| **If “yes,” to question to any of the above, then score 1 for mental health.** |  |  | **Score** |  |
|  |  |  |  |  |
| **If the respondent scored 1 for physical health, 1 for substance abuse, and 1 for mental health, score 1 for tri-morbidity.** |  |  | **Score** |  |
| 1. Are there any medications that a doctor said you should be taking, for whatever reason, you are not taking?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
| 1. Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication?
 | [ ] **Y** | [ ] **N** |[ ]  **Refused** |
|  |  |  |  |  |
| **If “yes” to any of the above, score 1 for medications.** |  |  | **Score** |  |
|  |  |  |  |  |
| **If “yes,” score 1 for trauma and abuse.** |  |  | **Score** |  |
| **Scoring Summary** |  |  |  |  |
| **Domain** | **Subtotal** |  | **Results** |
| **Pre-Survey (yes to age 60+)** |  | **/1** | **Score: Recommendation:**0-3: no housing intervention 4-7: an assessment for Rapid Re-Housin 8+: an assessment for Permanent Supportive Housing/ Housing First |
| **Housing & Homelessness** |  | **/2** |  |
| **Risks** |  | **/4** |  |
| **Socialization & Daily Functions** |  | **/4** |  |
| **Wellness** |  | **/6** |  |
| **Grant Total** |  | **/17** |  |
| **Follow-Up Questions** |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_: \_\_\_\_\_ or Night |
| Is there a phone number and/or email where someone can safety get in touch with you or leave you a message? | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Okay, now I’d like to take your picture so that it is easier to find you and confirm your identity I the future. May I do so? | [ ] Yes [ ] No [ ] Refused |