



**Suggested Script for beginning the interview for completing the VI-SPDAT**

Hi,

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 really only need a yes or no answer. I know 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 form for you to sign that will allow me to discuss your information with other people who can help me assist you.

If you do not understand a question, please let me know and I will do my best to explain it you.

Finally, I need you to answer the question honestly. There is no right or wrong answer—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.

## Administration

<b>Interviewer's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
<b>Survey Date</b> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___	<b>Survey Location</b> _____

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b> _____	<b>Nickname</b> _____	<b>Last Name</b> _____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

**SCORE:**

## A. History of Housing and 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:**

2. How long has it been since you lived in permanent stable housing? \_\_\_\_\_  Refused

3. 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:**

## B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/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 the police told you that you must move along? \_\_\_\_\_  Refused  
 f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.** **SCORE:**

5. Have you been attacked or beaten up since you've become homeless?  **Y**  N  Refused

6. 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:**

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?  **Y**  N  Refused
8. 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:**

9. Does anybody force or trick you to do things that you do not want to do?  **Y**  N  Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.** **SCORE:**

### C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?  **Y**  N  Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?  Y  **N**  Refused

**IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.** **SCORE:**

13. 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:**

14. 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," THEN SCORE 1 FOR SELF-CARE.** **SCORE:**

15. Is your current lack of stable housing...

- a) Because you ran away from your family home, a group home or a foster home?  Y  N  Refused
- b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  Y  N  Refused
- c) Because your family or friends caused you to become homeless?  Y  N  Refused
- d) Because of conflicts around gender identity or sexual orientation?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**. **SCORE:**

- e) Because of violence at home between family members?  Y  N  Refused
- f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA**. **SCORE:**

## D. Wellness

- 16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
- 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
- 18. 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
- 19. 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
- 20. When you are sick or not feeling well, do you avoid getting medical help?  Y  N  Refused
- 21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**. **SCORE:**

**NEXT STEP TOOL FOR HOMELESS YOUTH**

SINGLE YOUTH

AMERICAN VERSION 1.0

22. 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
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  **Y**  N  Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger?  **Y**  N  Refused

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.**

**SCORE:**

25. 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?  **Y**  N  Refused
- b) A past head injury?  **Y**  N  Refused
- c) A learning disability, developmental disability, or other impairment?  **Y**  N  Refused

26. 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 ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.**

**SCORE:**

**IF THE RESPONENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.**

**SCORE:**

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  N  Refused
28. 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:**

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no moderate or high intensity services be provided at this time 4-7: assessment for time-limited supports with moderate intensity 8+: assessment for long-term housing with high service intensity
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/5	
D. WELLNESS	/5	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or
<b>Is there a phone number and/or email where someone can get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

# **SCC-S RAPID RE-HOUSING PRIORITIZATION TOOL**

## **SCORING SHEET**

Client Name: \_\_\_\_\_

SCC Date: \_\_\_\_\_

### **Vulnerability Scoring Matrix**

1. Documented Disability (2) \_\_\_\_\_
2. Unsheltered (2) \_\_\_\_\_
3. Youth (18-24) (1) \_\_\_\_\_
4. Elderly (60+) (1) \_\_\_\_\_
5. HIV+ (1) \_\_\_\_\_
6. VI-SPDAT Score (8-12 =1) \_\_\_\_\_
7. VI-SPDAT Score (13-17=2) \_\_\_\_\_
8. RSO Status (1) \_\_\_\_\_
9. Serious Medical Condition (1) \_\_\_\_\_
10. Pregnant (1) \_\_\_\_\_
11. D/V Survivor (w/in 30 days) (1) \_\_\_\_\_
12. Zero Income (1) \_\_\_\_\_
13. L.O.T. Homeless: 5 years+ Continuous (2) \_\_\_\_\_
14. Incarceration Hx: 10 years+ Combined (1) \_\_\_\_\_
15. L.O.T. Bookmarked: 3<sup>rd</sup> SCC (1) \_\_\_\_\_
16. L.O.T. Bookmarked: 3 Months+ (2) \_\_\_\_\_
  
- TOTAL SCORE: (Sum of all above)** \_\_\_\_\_



# SVHC CES All in One Form (For Head of Household Only)

Instructions – form should be completed on the same date as the VI-SPDAT

**Assessment Type:**

Phone

Virtual

In person

**Current Living Situation (double check with Appendix A)**

<input type="checkbox"/>	Place not meant for habitation	<input type="checkbox"/>	Rental by client, with GPD TIP subsidy
<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/>	Rental by client, with VASH housing subsidy
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Rental by client in a public housing unit
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Owned by client, with ongoing housing subsidy
<input type="checkbox"/>	Residential project or halfway house with no homeless criteria	<input type="checkbox"/>	Owned by client, no ongoing housing subsidy
<input type="checkbox"/>	Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>	Other: Specify _____
<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/>	Worker Unable to Determine
<input type="checkbox"/>	Host Home (non-crisis)	<input type="checkbox"/>	Data Not Collected
<input type="checkbox"/>	Staying or Living in a friend's room, apartment, or house	<input type="checkbox"/>	Client Refused
<input type="checkbox"/>	Staying or living in a family member's room apartment, or house	<input type="checkbox"/>	Client Doesn't Know

Answer Questions below if client is in an Institutional or Temporary or Permanent Housing Situation (any tinted row above):

- Is client going to have to leave their current living situation within 14 days?
  - Yes
  - No
  - Client Doesn't Know
  - Client Refused
  - Data Not Collected
  - Not Applicable



**Number of children under 18?** \_\_\_\_\_

**Are any of the children under the age of 1?**

Yes  No

**Do you identify as LGBT?**

Yes  Client Doesn't Know  Data Not Collected  
 No  Client refused  Not Applicable

**Do any members of your household identify as LGBT?**

Yes  Client Doesn't Know  Data Not Collected  
 No  Client refused  Not Applicable

**Is there any adult in the household in their third trimester of pregnancy?**

Yes  No  Not Applicable

**Do you have any household income?**

Yes  Client Doesn't Know  Data Not Collected  
 No  Client refused  Not Applicable

**Gross Income Per Month: \$** \_\_\_\_\_

**Do you consider yourself a survivor of interpersonal violence?**

Yes  Client Doesn't Know  Data Not Collected  
 No  Client refused  Not Applicable

## **Coordinated Entry Event**

### **– Problem Solving/Diversion/Rapid Resolution intervention or service**

**Problem Solving/Diversion/Rapid Resolution intervention or service result – client housed/re-housed in a safe alternative?**

Yes  No