

ADMINISTRATION

First Name:	Last Name:
Date:	Race/Ethnicity:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2+?
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Date of Birth:
Previous VI-SPDAT completed?	Ever served in the military?
VI-SPDAT Score:	Pet(s)?

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

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 & CHRONIC HOMELESSNESS DETERMINATION

2. How long has it been since you lived in stable, permanent housing?
(is this in days or months or years?) _____

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 any of the following conditions are met:

- If the person:
 - experienced 1 or more consecutive years of homelessness or
 - 4+ episodes of homelessness **and** the total duration of homelessness is 12+ months
 - **AND** answered Yes to Question 5

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

7. Have you ever been evicted? Y N R

Score 1 if NO to Question 6 and/or YES to Question 7



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

8. In the last 6 months, how many times have you:

- a. Gone to the emergency room/department _____
- b. Taken an ambulance _____
- c. Been hospitalized as an inpatient _____
- d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention _____
- 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 or prison _____

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

9. Since you have been homeless:

- a. Have you been beaten up or assaulted Y N R
- b. Have you threatened to beat up or assault someone else Y N R
- c. Have you threatened to harm yourself or harmed yourself Y N R
- d. Has anyone threatened you with violence or made you feel unsafe Y N R
- e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent Y N R

If YES to any of Question 9, score 1.

10. Do you have any legal stuff going on right now that may result in any of the following:

- a. Being locked up Y N R
- b. Having to pay fines or fees that you cannot afford Y N R
- c. Impact your ability to get housing Y N R
- d. Impact where you could live in your housing Y N R

11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? Y N R

If YES to any of Question 10 and/or YES to Question 11, score 1.



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

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

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

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

Score 1 if any of the following conditions are met:

- YES to Question 12;
- If the person stays any place other than Shelters, Transitional Housing or Safe Haven in Question 13;
- YES to Question 14.

15. 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

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

17. 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 15;
- NO to Question 16;
- YES to Question 17.

18. 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 18, score 1.

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

If YES to Question 19, score 1.

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

- a. A relationship that broke down Y N R
 b. An unhealthy or abusive relationship Y N R
 c. Because family or friends caused you to lose your housing Y N R



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

If YES to any of Question 20, and/or NO to Question 21, score 1.

22. Are you 60 years of age or older? Y N R

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

24. Are you currently pregnant? (If applicable) Y N R

If YES to Question 22, and/or YES to Question 23, and/or YES to Question 24, score 1.

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

- a. Impacts your life in a negative way most days Y N R NA
- b. Makes it hard to access housing Y N R NA
- c. Would require assistance to maintain housing Y N R NA

If YES to any of Question 25, score 1

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

- a. A doctor said you should be taking but you are not taking Y N R NA
- b. You sell instead of taking Y N R NA
- c. You use in a way other than how it is prescribed Y N R NA
- d. You find impossible to take, forget to take or choose not to take Y N R NA

If YES to any of Question 26, score 1.

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

If YES to Question 27, score 1.

TOTAL SCORE



SCORING RANGE	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?

