

Vulnerability Index – FAMILY - Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

Administration

Interviewer's Name _____ Agency _____
 Survey Date ____/____/____ Survey Time ____:____ AM/PM Survey Location _____

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

Parent 1

First Name _____ Nickname _____ Last Name _____

In what language do you feel best able to express yourself? _____

Date of Birth _____ Age _____ Social Security # _____ Consent to participate Yes No

No Second parent currently part of the household

Parent 2

First Name _____ Nickname _____ Last Name _____

In what language do you feel best able to express yourself? _____

Date of Birth _____ Age _____ Social Security # _____ Consent to participate Yes No

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 list of children's names and ages:

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

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A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (*Check one*)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**
6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

B. Risks

8. In the past six months, how many times have you or anyone in your family...
- 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator or a crime or because the police told them that they 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
9. Have you or anyone in your family been attacked or beaten up since they've become homeless? Yes No Refused
10. Have you or anyone in your family threatened or tried to harm themselves or anyone else in the last year? Yes No Refused
11. 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
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? Yes No Refused
13. 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

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C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owes them money? Yes No Refused
15. 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
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Yes No Refused
17. 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
18. 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

19. 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
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or hearth? Yes No Refused
21. 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
22. 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
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Yes No Refused
24. Has drinking or drug use by your 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
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Yes No Refused
26. 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: Yes No Refused

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- 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
27. 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
28. **IF THE FAMILYH 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? Yes No N/A or Refused
29. 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
30. Are there any medications like painkillers that you or anyone in your family doesn't take the way the doctor prescribed or where they sell the medication? Yes No Refused
31. 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 Unity**
32. Are there any children that have been removed from the family by a child protection service with the last 180 days? Yes No Refused
33. 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
34. In the last 180 days, have any children lived with family of friends because of your homelessness or housing situation? Yes No Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused
36. **IF THERE ARE SCHOLOL-AGED CHILDREN:** Do your children attend school more often than not each week? Yes No N/A or Refused
37. 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, or a relative moving in, or anything like that? Yes No Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? Yes No Refused

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Yes No Refused

39. 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

40. 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 13 or older?

Yes No Refused

b) 2 or more hours per day for children aged 12 or younger?

Yes No Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER OR 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

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

Veteran Status Yes No Refused

What is your citizenship status? Citizen Legal Resident Undocumented Refused

Where did you live prior to becoming homeless?

This city This region Other part of the State Somewhere else Refused

Have you ever been in foster care? Yes No Refused

Have you ever been in jail? Yes No Refused

Have you ever been in prison? Yes No Refused

Do you have a permanent physical disability that limits your mobility? [i.e. wheelchair, amputation, unable to climb stairs?] Yes No Refused

What type of health insurance do you have, if any?

Medicaid/Medical Private Insurance

Medicare No Health Insurance

VA Medical Other

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 Morning/afternoon/Evening/Night (circle one)

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

Phone: () _____

Email: _____

Ok, now I'll like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

Yes No Refused