

Vulnerability Index – Single Adults - Service Prioritization Decision Assistance Tool (VI-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

Client Information

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

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (*Check one*)
- Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**
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

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 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

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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? Yes No Refused

5. Have you been attacked or beaten up since they've become homeless? Yes No Refused

6. Have you threatened 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 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

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 family or friends caused your family 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 the physical health? Yes No Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or hearth? 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 Refused

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21. Has 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 help would be needed? 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

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)

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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