

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

Prescreen for Individuals

Has this client signed a release of information? Yes No	
1. Interviewer's First Name	2. Interviewer's Last Name
3. Interviewer's Email	4. Interviewer's Phone Number
5. When was this survey conducted? _____ / _____ / _____	6. Interviewer's Referring Agency: <i>If applicable</i>
7. Location of Survey: <i>Select from list below</i> Chicopee Holyoke Palmer Springfield West Springfield Westfield Other	8. Specific Location of Survey: <i>Facility name, address, or cross streets where survey was conducted</i>
1. In what language do you feel best able to express yourself?	
2. Unique Client Identifier <i>Use HMIS or HOMES ID if desired. Otherwise, you may leave this field blank.</i>	
3. First Name	4. Middle Name
5. Last Name	6. SSN
7. Email	8. Phone Number
9. Currently Living Setting: <i>Setting client is currently living in</i>	
10. Tags	11. What is your date of birth? Birth Month/Day/Year: _____ / _____ / _____
12. Database Identifier: <i>Please indicate what database the client's UCI came from, or whether you are creating a UCI while surveying.</i> _____	
If the person is 60 years of age or older, then score 1.	Score:
PRE-SCREEN GENERAL INFORMATION SUBTOTAL	Score:

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GENERAL INFORMATION/CONSENT

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS	RESPONSE	REFUSED
1. Where do you sleep most frequently?	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Outdoors <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/>
If the person answers anything other than "Shelter," "Transitional Housing," or "Safe Haven," then score 1.	Score:	
2. How many months has it been since you lived in permanent stable housing?		<input type="checkbox"/>
3. In the last three years, how many times have you been homeless?		<input type="checkbox"/>
If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.	Score:	
4. Are you currently living on the street, or in an emergency shelter, or in a safe haven?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
5. If yes, how long have you been living there?		<input type="checkbox"/>
6. In the last three years, how many times have you resided on the streets, in a shelter, or in a safe haven? <i>Help Text: Include the current episode, and all episodes that are separated from another episode of homelessness by a break of at least 7 nights or an institutional stay of 90 days or more.</i>		<input type="checkbox"/>
7. In the past three years, what is the total number of months you have been homeless (living on the street, in shelters, in a Safe Haven, or in an Institutional Care Facility if the stay was less than 90 days)? <i>Help Text: Include time in an Institutional Care Facility IF the stay was less than 90 days AND the individual was experiencing homelessness in one of the stated locations immediately prior to entering the institution.</i>		<input type="checkbox"/>
8. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence and make you afraid to return to your primary nighttime residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
PRE-SCREEN HOUSING & HOMELESSNESS SUBTOTAL	Score:	

Note: Examples of an Institutional Care Facility include jail, prison, psychiatric or mental health facility, hospital, substance abuse treatment center, etc.

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B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

QUESTIONS	RESPONSE	REFUSED		
1. In the past six months, how many times have you received health care at an emergency department/room?		<input type="checkbox"/>		
2. In the past six months, how many times have you taken an ambulance to the hospital?		<input type="checkbox"/>		
3. In the past six months, how many times have you been hospitalized as an inpatient?		<input type="checkbox"/>		
4. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?		<input type="checkbox"/>		
5. In the past six months, how many times have you 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?		<input type="checkbox"/>		
6. In the past six months, how many times have you 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 offence, or anything in between?		<input type="checkbox"/>		
If the total number of interactions equals 4 or more, then score 1 for EMERGENCY SERVICE USE.	Score:			
	YES	NO	REFUSED	DON'T KNOW
7. Have you been attacked or beaten up since you've become homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, then score 1 for RISK OF HARM.	Score:			
9. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," then score 1 for LEGAL ISSUES.	Score:			
10. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to any of the above, then score 1 for RISK OF EXPLOITATION.	Score:			
PRE-SCREEN RISKS SUBTOTAL	Score:			

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C. SOCIALIZATION & DAILY FUNCTIONS

QUESTIONS	YES	NO	REFUSED	DON'T KNOW
12. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes" to question 12 or "No" to question 13, then score 1 for MONEY MANAGEMENT.	Score:			
14. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," then score 1 for MEANINGFUL DAILY ACTIVITY.	Score:			
15. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," then score 1 for SELF-CARE.	Score:			
16. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," then score 1 for SOCIAL RELATIONSHIPS	Score:			
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL	Score:			

D. WELLNESS

QUESTIONS	YES	NO	N/A or REFUSED	DON'T KNOW
1. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? RESPONSE OPTION FOR N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," to any of the above, then score 1 for PHYSICAL HEALTH.	Score:			
7. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," to any of the above, then score 1 for SUBSTANCE USE.	Score:			
<i>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 any of the following?</i>	YES	NO	REFUSED	DOESN'T KNOW
9. A mental health issue or concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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10. A past head injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. A learning disability, developmental disability, or other impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," to any of the above, then score 1 for MENTAL HEALTH.	Score:			
If the respondent scored 1 for PHYSICAL HEALTH and 1 for SUBSTANCE USE and 1 for MENTAL HEALTH, score 1 for TRI-MORBIDITY.	Score:			
13. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," to any of the above, score 1 for MEDICATIONS.	Score:			
15. 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," score 1 for ABUSE AND TRAUMA	Score:			
PRE-SCREEN WELLNESS SUBTOTAL	Score:			

SCORING SUMMARY

DOMAIN	SUBTOTAL	RESULTS	
GENERAL INFORMATION	/1	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;">SCORE:</div> <div style="margin-bottom: 10px;">0-3:</div> <div style="margin-bottom: 10px;">4-7:</div> <div>8+:</div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;">RECOMMENDATION:</div> <div style="margin-bottom: 10px;">No housing intervention</div> <div style="margin-bottom: 10px;">An assessment for Rapid Re-Housing</div> <div>An assessment for Permanent Supportive Housing/Housing First</div> </div>
A. HISTORY OF HOUSING & HOMELESSNESS	/2		
B. RISKS	/4		
C. SOCIALIZATION & DAILY FUNCTIONS	/4		
D. WELLNESS	/6		
PRE-SCREEN TOTAL	/17		

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E. DEMOGRAPHIC INFORMATION

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

1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not asked
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you ever been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
If yes, in which war/war era(s) did you serve?	<input type="checkbox"/> World War II (1940-45) <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
If yes, was your active duty status before 1980?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know
If yes, how many consecutive months were you on active duty? (Write the numerical form of the number and exclude the word "month". If your duty was less than one month but at least one day, please put 1.)	
If yes, what was the character of the discharge?	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other (specify)
If you chose "Other" for Discharge, please specify.	
1. Where did you live prior to becoming homeless? (Indicate last residence, even if it wasn't the residence for the majority of his/her life.)	

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2. Do you have a permanent physical disability that limits your mobility (e.g. wheelchair, amputation, unable to climb stairs)? Note: An answer of "Yes" will restrict housing offers to ADA-accessible units/vouchers.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know
3. What kind of health insurance do you have, if any? (Select all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Veterans Administration (VA) Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused

F. CONTACT INFORMATION

1. Do you work with a case manager or outreach worker whom you trust and who can serve as your housing navigator (i.e. be able to find you easily, help collect housing documents, and accompany you to housing application appointments)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know
2. If yes, what is his/her name?	
3. What agency does he/she work for?	
4. What is his/her phone number?	
5. What is his/her email address?	
6. On a regular day, where is it easiest to find you?	
7. What times of day could we find you there?	
8. To finish, may I take your picture so that we can better find you if housing turns up? (If you have a camera available.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. SURVEYOR (DO NOT ASK): Any final notes that you'd like to convey?	