

Stanislaus Community System of Care

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

Single Adults

PLEASE USE THE BELOW SCRIPT FOR BEGINNING THE INTERVIEW

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 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

Interviewer's Name

Agency

Survey Location: (check one)

Access Center

Multi-Sector Outreach & Engagement Team

Access Point

2-1-1

Survey Date

Survey Time

Survey Location Details/Address

___ : ___ AM/PM

Basic Information

First Name

Nickname

Last Name

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

Date of Birth

Age

Social Security Number

Consent to Participate

DD/MM/YYYY ___/___/___

Yes

No

How do you define your gender?

Male Female Transgender Non-Conforming (i.e. not exclusively male or female)

Are you a veteran?

Yes No

Ethnicity

Hispanic/Latino Not Hispanic/Latino

Race (check all that apply)

White American Indian/Alaska Native Native Hawaiian/Pacific Islander Black/African American

Asian Other _____

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?
_____ Months _____ Years _____ 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 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 or prison, whether that was a short-term stay like the drunk tank, a longer stay for more serious offence, or anything in between? _____ Refused
5. Have you been attacked or beaten up since you've become homeless?
 No Yes Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? No Yes 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? No Yes Refused
8. Does anybody force or trick you to do things that you do not want to do? No Yes 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? No Yes 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? No Yes Refused
11. Do you 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 you to become evicted? No Yes Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? No Yes Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? No Yes 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? No Yes 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? No Yes Refused
19. When you are sick or not feeling well, do you avoid getting help? No Yes Refused
20. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? No Yes Refused

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? No Yes Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? No Yes 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? No Yes Refused
 - b. A past head injury? No Yes Refused
 - c. A learning disability, developmental disability, or other impairment? No Yes Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? No Yes Refused
25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? No Yes Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? No Yes 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? No Yes Refused

Follow-up Questions

PLEASE MAKE NOTES OF WHERE THE INDIVIDUAL CAN BE FOUND

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
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'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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused