

**ADMINISTRATION**

First Name:			Last Name:		
Date:			Race/Ethnicity:		
Start Time:			Gender Identity (Male, Female, Transgender, Other):		
End Time:			Identifies as LGBTQ2+?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):			Date of Birth:		
Previous VI-SPDAT completed?	Yes	No	Ever served in the military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VI-SPDAT Score:			Pet(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**OPENING SPEAKING POINTS****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. 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 from for you to sign that will allow me to discuss your information with other people who can assist you.

If you do not understand a question please let me know an I will do my best to explain it to you. Finally, I need you to answer the question honestly . There are no right or wrong answers 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.

**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?

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If that is unsuccessful, what is the next best way to reach you?

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