

Stanislaus Community System of Care

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

Families

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

Parent 1

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 _____

Parent 2

No second parent currently part of the household

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 ____/____/____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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? _____ Refused

4. Please provide a list of children's names and ages:

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

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?

_____ Months _____ Years _____ 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 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

9. Have you or anyone in your family been attacked or beaten up since you've become homeless? Yes No Refused
10. Have you or anyone in your family threatened to 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 you 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 you don't know, share a needle, or anything like that? Yes No Refused

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 owe 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. Do you or anyone in your family have planned activities, other than just surviving, that make you 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 family or friends caused you 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 your physical health? Yes No Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? 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, do you avoid getting help? Yes No Refused
24. Has drinking or drug use led you or anyone in 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:
- g. A mental health issue or concern? Yes No Refused
 - h. A past head injury? Yes No Refused
 - i. 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 you to live independently because you'd need help? Yes No Refused
28. IF THE FAMILY 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 Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, you are not taking? Yes No Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where you sell the medication? Yes No Refused
31. 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 have experienced? Yes No Refused

Family Unit

32. Are there any children that have been removed from the family by a child protection service within 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 or 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 SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? Yes No 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, 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
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 aged 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 & 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 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