Family Vulnerability Index (VI) and Service Prioritization Decision Assistance Tool (SPDAT)

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Interviewer Name: _____

Agency: _____ ☐ Team ☐ Staff ☐ Volunteer

Date/Time: * _____ Interview Location: _____

Parent 1

Name: Ross, Thomas III

Has Consented to Participate? ☐ Yes ☐ No

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

- ☐ African Languages
- ☐ Caribbean Languages
- ☐ English
- ☐ Khmer
- ☐ Native Central American, South American, and Mexican Languages
- ☐ Native North American / Alaska Native Languages
- ☐ Pacific Island Languages
- ☐ Spanish
- ☐ French
- ☐ German
- ☐ Italian
- ☐ Polish
- ☐ Portugese
- ☐ Russian
- ☐ Arabic
- ☐ Armenian
- ☐ Farsii
- ☐ Hebrew
- ☐ Turkish
- ☐ Cantonese
- ☐ Mandarin
- ☐ Mien
- ☐ Other Chinese Language
- ☐ Cambodian
- ☐ Hmong
- ☐ Lao
- ☐ Thai
- ☐ Vietnamese
- ☐ Tagalog
- ☐ Ilacano
- ☐ Japanese
- ☐ Korean
- ☐ Samoan
- ☐ American Sign Language
- ☐ Other Sign Language
- ☐ Other - Non-English
- ☐ Data Not Collected

Birthdate: 06/30/1954Age: 62SSN: 133-44-0381

Gender: Male

Parent 2

No second parent currently part of the household: ☐

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.
SCORE:

_____

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 ☐ Yes ☐ No ☐ Refused

the family currently pregnant?

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

No records found (+1).

☐	First Name*	Last Name*	Gender*	Birth Date*	Age	SSN	Relationship to Head of Household*	Living With Head of Household	Race*	Ethnicity*	Chronically Disabled	Veteran Status
☐	_____	_____	☐ Male ☐ Female ☐ Transgender female to male ☐ Transgender male to female ☐ Doesn't identify as male, female or transgender ☐ Client doesn't know ☐ Client refused ☐ Data not collected	_____	N/A	_____-_____-_____	☐ Self ☐ Spouse ☐ Non-Legal Partner ☐ Son ☐ Step-son ☐ Daughter ☐ Step-daughter ☐ Dependent Child ☐ Non-Legal Child ☐ Grandson ☐ Granddaughter ☐ Brother ☐ Sister ☐ Parent ☐ Grandparent ☐ Guardian ☐ Nephew ☐ Niece ☐ Cousin ☐ Other Family Member ☐ Other Caretaker ☐ Other Non-Family	☐	...	☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Client doesn't know ☐ Client refused ☐ Data not collected	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused ☐ Data Not Collected

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER,AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.
IF THERE ARE TWO PARENTS WITH 3+ CHILDREN,AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.
SCORE:

_____

A. History of Housing & Homelessness

5. Where do you and your family sleep most frequently?

☐ Shelters
☐ Transitional House
☐ Safe Haven
☐ Outdoors
☐ Other (specify)
☐ Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.
SCORE:

_____

6. How long has it been since you and your family lived in permanent stable housing? # Years: _____ # Months _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

IIF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.
SCORE:

_____

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 _____ ☐ Refused

health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they 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 a more serious offence, or anything in between? _____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.
SCORE:

_____

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? ☐ Yes ☐ No ☐ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone else in the last year? ☐ Yes ☐ No ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM**.
SCORE:

_____

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? ☐ Yes ☐ No ☐ Refused

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES**.
SCORE:

_____

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 they don't know, share a needle, or anything like that? ☐ Yes ☐ No ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION**.
SCORE:

_____

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

15a. 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

15b. How do you or anyone in your family make money? _____

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.
SCORE:

_____

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? ☐ Yes ☐ No ☐ Refused

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY**.
SCORE:

_____

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

IF "NO," THEN SCORE 1 FOR **SELF-CARE**.
SCORE:

_____

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? ☐ Yes ☐ No ☐ Refused

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS**.
SCORE:

_____

D. Wellness

19a. Where does your family usually go for healthcare or when someone's not feeling well? ☐ 4th Street Clinic ☐ Hospital ☐ VA ☐ Other ☐ Does not go for care

Specific Location:

19b. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ 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

- If any response is YES in questions 35 through 42, score 1 in the Substance Use column.

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ Yes ☐ No ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.
SCORE:

_____

24. Has drinking or drug use by you or anyone in your family led 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

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.
SCORE:

_____

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:

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

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? ☐ Yes ☐ No ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.
SCORE:

_____

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

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.
SCORE:

_____

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they 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 they sell the medication? ☐ Yes ☐ No ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.
SCORE:

_____

31. YES OR NO: 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 or anyone in your family have experienced? ☐ Yes ☐ No ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND **TRAUMA**.
SCORE:

_____

E. 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

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **FAMILY LEGAL ISSUES**.
SCORE:

_____

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

IF “YES” TO ANY OF QUESTIONS 34 OR 35, OR “NO” TO QUESTION 36, SCORE 1 FOR **NEEDS OF CHILDREN**.
SCORE:

_____

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

IF “YES” TO ANY OF THE ABOVE, SCORE 1 FOR .**FAMILY STABILITY**.
SCORE:

_____

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 ☐ Don't Know ☐ Refused

IF “NO” TO QUESTION 39, OR “YES” TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR **PARENTAL ENGAGEMENT**.
SCORE:

_____

SCORING SECTION
SECTION
SCORE
Results
GENERAL INFORMATION

_____
Score
Recommendation
A. HISTORY

_____
0-3
No housing intervention
B. RISK

_____
4-8
An assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS

_____
9+
an assessment for Permanent Supportive Housing/Housing First
D. WELLNESS

_____
E. FAMILY UNIT

_____
PRE-SCREEN TOTAL

_____

Follow-Up Questions

Is there a person/outreach worker that you trust more than others?
☐ Yes
☐ No
☐ Client Doesn't Know
☐ Client Refused
☐ Data not Collected

On a regular day, where is it easiest to find you and what time of day is easiest to do so? _____

_____

Is there a phone number and/or email where someone can get in touch with you or leave a message? _____

Ok, now I’d like to take your picture. May I do so? ☐ Yes ☐ No ☐ Refused

Restriction: * ☐ Restrict to Organization
☐ Share to Continuum of Care