



VULNERABILITY ASSESSMENT - DV - FAMILIES

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT 2	<input type="checkbox"/> 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 DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
			Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid white; width: 50px; height: 20px; margin: 0 auto;"></div>

Children

- How many children under the age of 18 are currently with you? _____ Refused
- 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
- IF HOUSEHOLD INCLUDES ASSIGNED-AT-BIRTH FEMALE:** Is any member of the family currently pregnant? Y N Refused
- Please provide a list of children’s names and ages:

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

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**. **SCORE:**

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**.

A. History of Housing and Homelessness

- Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

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

- How long has it been since you and your family lived in permanent stable housing? _____ Refused
- In the last three years, how many times have you and your family been homeless? _____ Refused

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

B. Socialization & Daily Functioning

8. Do you or anyone in your family owe someone money, or does anyone think you or anyone in your family owes them money, including your abuser or their family or friends? **Y** N Refused
9. Do you or anyone in your family have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources, not including sources that your abuser controls? Y **N** Refused

IF "YES" TO QUESTION 8 OR "NO" TO QUESTION 9, THEN SCORE 1 FOR **MONEY MANAGEMENT.**

SCORE:

10. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? Y **N** Refused

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

SCORE:

11. 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? Y **N** Refused

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

SCORE:

12. Do you think that conflict with an intimate partner, family or friends, a relationship breakdown, or an unhealthy or abusive relationship may have led to your family's eviction or current homelessness in any way? **Y** N Refused

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

SCORE:

C. Family Unit

13. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

14. 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? **Y** N Refused

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

SCORE:

15. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

16. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

17. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 15 OR 16, OR "NO" TO QUESTION 17, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

18. Have the members of your family changed in the last 180 days due to things like fleeing an abusive relationship, divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

19. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

20. 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? Y **N** Refused

21. 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? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

22. **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? **Y** N N/A or Refused

IF "NO" TO QUESTION 20, OR "YES" TO ANY OF QUESTIONS 21 OR 22, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

D. Wellness

23. 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? **Y** N Refused

24. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused

25. 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? **Y** N Refused

26. Do you or 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? **Y** N Refused

27. When someone in your family is sick or not feeling well, does your family avoid getting medical help, or does anyone prevent you from getting help? **Y** N Refused

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

SCORE:

CCHA VULNERABILITY ASSESSMENT - DV - FAMILIES

28. If you or anyone in your family drinks or uses drugs, has that drinking or drug use led to your being kicked out of an apartment or program where you were staying in the past? Y N Refused

29. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y N Refused

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

30. Has your family ever had trouble maintaining your housing, or been asked to leave an apartment, shelter program, or other place you were staying, because of:

a) A mental health issue or concern? Y N Refused

b) A past head injury? Y N Refused

c) A learning disability, developmental disability, or other impairment? Y N Refused

31. Do you or anyone in your family have any mental health issues, cognitive impairments or brain injuries that would make it hard for you to live independently because you'd need help? Y N Refused

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

32. **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? Y N N/A or Refused

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

33. Are there any medications that a doctor said you or anyone in your family should be taking but that are not being taken. or are being taken differently than prescribed? Or that your abuser wouldn't let you take, or made you take differently than prescribed. Y N Refused

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

34. **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? Y N Refused

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

E. Risks

35. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Or, should have received care, but were unable or not allowed to go to the emergency room? Refused
- b) Taken an ambulance to the hospital? Or, should have taken an ambulance to the hospital, but were unable, or not allowed to? Refused
- c) Been hospitalized as an inpatient? Or, should have been hospitalized as an inpatient, but were unable, or not allowed to be? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Or, would have used a crisis service, but were unable or not allowed to do so? 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? Or, could have talked to police, but were unable or not allowed to? 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:

- 36. Have you or anyone in your family been attacked or beaten up since you've become homeless? Or, are you fearful of being attacked or hurt by your abuser, or their family or friends, who may be looking for you? Y N Refused
- 37. Have you or anyone in your family considered, threatened to, or tried to harm yourself or anyone else in the last year? Y N Refused

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

SCORE:

- 38. Do you or anyone in your family have any legal stuff going on right now that may result in you being incarcerated, having to pay fines, or that make it more difficult to rent a place to live, even if it was caused by your abuser, or their family or friends? Y N Refused

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

SCORE:

- 39. Do you or anyone in your family ever feel like you are being forced or manipulated into doing things that you would not normally do? Either by your abuser or anyone else? Y N Refused
- 40. Do you or anyone in your family ever do any of the following: exchange sex for money or housing, run drugs for someone, share a needle, or anything that you might consider to be risky? Y N Refused

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. SOCIALIZATION & DAILY FUNCTIONS	/4	
C. FAMILY UNIT	/4	
D. WELLNESS	/6	
E. RISKS	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

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/Night
Is there a phone number and/or email where someone can safely get in touch with you, or leave you a message?	phone: (____) _____ - _____ email: _____