



VULNERABILITY ASSESSMENT -
 SINGLE ADULT HOUSEHOLDS FLEEING DOMESTIC OR SEXUAL VIOLENCE

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

Hello, my name is [interviewer name] and I work for [organization name].

To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will be of a personal nature, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify a question or you can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth MM/DD/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

Note to assessor: At times in this assessment, there will be questions that refer to the survivor's abuser. There will be a blank line (like so: _____) and the assessor should insert whatever language/wording the survivor has been using to refer to the abuser (e.g. abuser, ex, husband, wife, boyfriend, girlfriend, the-person's-name).

A. History of Housing and Homelessness

1. Where do you 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:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless or had to leave your home for safety reasons? _____

Refused

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

SCORE:

B. Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room, or should have received care but were unable or not allowed to go to the ER? _____ 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 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 with 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:

5. Have you been attacked or hurt since you've become homeless, or are you fearful of being attacked or hurt by your _____, or by their family or friends, who may be looking for you?

Y **N** Refused

6. Have you 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:

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7. Do you 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 _____, or their family or friends? Y N Refused

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

SCORE:

8. Do you ever feel like you are being forced or manipulated into doing things that you would not normally do, either by your _____, their family or friends, or anyone else? Y N Refused

9. Do you 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:

C. Socialization & Daily Functioning

10. Do you owe anyone money, or does anyone think you owe them money, including your _____, or their family or friends? Y N Refused

11. Do you have any income from a job, under the table work, a pension, inheritance, government benefits, or any other sources, not including sources that your _____ controls? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

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

SCORE:

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? Y N Refused

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

SCORE:

14. 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 eviction or current homelessness in any way? Y N Refused

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

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N 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? **Y** N 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? **Y** N Refused
19. When you are sick or not feeling well, do you avoid getting help, or does anyone prevent you from getting help? **Y** N Refused
20. *FOR ASSIGNED FEMALE AT BIRTH RESPONDENTS ONLY:*
Are you currently pregnant? **Y** N N/A or Refused

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

SCORE:

21. If you drink or use drugs, has your drinking or drug use led to you being asked to leave an apartment or program where you were staying in the past? **Y** N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused

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

SCORE:

23. Have you 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
24. Do you 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:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

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25. Are there any medications that a doctor said you should be taking but that you are not taking, or are taking differently than prescribed, or that your _____ wouldn't let you take, or made you take differently than prescribed? Y N Refused

IF "YES", SCORE 1 FOR MEDICATIONS. **SCORE:**

26. **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? Y N Refused

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

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

Please list names and contact info of any case workers you are currently working with:	
Is there a phone number and/or email where someone can safely get in touch with you, or leave you a message?	phone: (____) _____ - _____ email: _____