



VULNERABILITY ASSESSMENT – FAMILIES

Administration

Interviewer Name: _____ <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer Organization: _____ Survey Date: ___/___/___ Survey Time: __: __ AM/PM Survey Location: _____ <small>Day/Month/Year</small>

Opening Script

Hello, my name is _____ [interviewer’s 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. Please be aware that I am a mandated reporter and that I am required to follow up on any reports of child abuse that are disclosed to me.

Basic Information

PARENT 1	Do you consent to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No First Name _____ Nickname _____ Last Name _____ In what language do you feel best able to express yourself? _____ Date of Birth: ___/___/___ Age: ____ Social Security Number: _____ <small>Day/Month/Year</small>
	<input type="checkbox"/> <i>No second parent currently part of the household.</i> Do you consent to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No First Name _____ Nickname _____ Last Name _____ In what language do you feel best able to express yourself? _____ Date of Birth: ___/___/___ Age: ____ Social Security Number: _____ <small>Day/Month/Year</small>

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE: <div style="border: 1px solid white; width: 100px; height: 20px; margin: 0 auto;"></div>
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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 ANY ASSIGNED-FEMALE-AT-BIRTH RESPONDENTS:* Is any member of the family currently pregnant? Yes No N/A or Refused
4. Please provide a list of children’s names, ages, and dates of birth.

Children’s Information			
First Name	Last Name	Age	Date of Birth

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

5. Where do you and your family sleep most frequently? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Housed/Couch-Surfing | <input type="checkbox"/> Self-Pay Hotel | |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> Outdoors | <input type="checkbox"/> Other (specify): | <input type="checkbox"/> Refused |
- _____

IF THE PERSON ANSWERS "OUTDOORS," "OTHER," OR "REFUSED," THEN SCORE 1.

SCORE:

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

7. 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 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Socialization & Daily Functioning

8. Do you or anyone in your family owe anyone money, or does anyone think that you or anyone in your family owes them money? **Yes** No 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? Yes **No** 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 you feel happy and fulfilled? Yes **No** 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 things like that? Yes No Refused

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

SCORE:

12. Do you think that conflict with 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? Yes No 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? Yes No 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? Yes No Refused

IF "YES" TO ANY OF THE ABOVE, THEN 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? Yes No Refused

16. Has any child in the family experienced abuse or trauma in the last 180 days? Yes No Refused

17. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week? Yes No N/A or Refused

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

SCORE:



18. 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
19. 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, THEN 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 movie, or anything like that? Yes **No** 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? Yes No Refused
- b) 2 or more hours per day for children aged 12 or younger? Yes No Refused
22. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Yes No N/A or Refused
- 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?

IF "NO" TO QUESTION 20, OR "YES" TO ANY OF QUESTIONS 21 OR 22, THEN 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? Yes No Refused
24. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? Yes No 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? Yes No Refused
26. Do you or anyone in your family have any physical disabilities that would limit the type of housing you could access, or that would make it hard to live independently because you'd need help? Yes No Refused
27. 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:

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? Yes No Refused
29. 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:

30. 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
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? Yes No 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?

Yes No N/A or Refused

IF "YES," THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

33. Are there any medications that a doctor said that you or anyone in your family should be taking, but that are not being taken, or are being taken differently than prescribed?

Yes No Refused

IF "YES," THEN 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?

Yes No Refused

IF "YES," THEN 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? a) _____ Refused
- b) Taken an ambulance to the hospital? b) _____ Refused
- c) Been hospitalized as an inpatient? c) _____ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines? d) _____ Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told them that they must move along? e) _____ 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 offense, or anything in between? f) _____ 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 they've become homeless? **Yes** No Refused
- 37. Have you or anyone in your family threatened to, or tried to, harm themselves 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:**

- 38. Do you (or anyone in your family) have any legal stuff going on right now that may result in you (or 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:**



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? Yes No Refused
40. Do you or anyone in your family ever do any of the following: exchange sex for money, run drugs for someone, share a needle, or anything that you might consider to be risky? Yes No Refused

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

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
Pre-Survey (pages 1-2)	<input type="text" value="/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 and Homelessness	<input type="text" value="/2"/>	
B. Socialization and Daily Functioning	<input type="text" value="/4"/>	
C. Family Unit	<input type="text" value="/4"/>	
D. Wellness	<input type="text" value="/6"/>	
E. Risks	<input type="text" value="/4"/>	
GRAND TOTAL:	<input type="text" value="/22"/>	



Follow-Up Questions

Are you currently working with any case workers? <i>(List name, etc., below.)</i>		
Name	Organization	Phone Number or Email Address

Is there a phone number or email address where someone can safely get in touch with you, or leave you a message?	
Phone Number	Email Address