



VULNERABILITY ASSESSMENT – SINGLE ADULTS

Administration

Interviewer Name: _____ Staff Volunteer

Organization: _____

Survey Date: ____/____/____ **Survey Time:** __: __ AM/PM **Survey Location:** _____
Day/Month/Year

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.

Basic Information

Do you consent to participate? Yes No

First Name _____ **Nickname** _____ **Last Name** _____

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

Date of Birth: ____/____/____ **Age:** ____ **Social Security Number:** _____
Day/Month/Year

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



A. History of Housing and Homelessness

1. Where do you 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:

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? _____ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4 OR MORE 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? | a) _____ | <input type="checkbox"/> Refused |
| b) Taken an ambulance to the hospital? | b) _____ | <input type="checkbox"/> Refused |
| c) Been hospitalized as an inpatient? | c) _____ | <input type="checkbox"/> Refused |
| d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers, and suicide prevention hotlines? | d) _____ | <input type="checkbox"/> Refused |
| e) Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because the police told you that you must move along? | e) _____ | <input type="checkbox"/> 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) _____ | <input type="checkbox"/> 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 beaten up since you've become homeless? **Yes** No Refused

6. Have you threatened to, or tried to, harm yourself 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:**

7. Do you 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

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? **Yes** No Refused

9. Do you 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:**

C. Socialization & Daily Functioning

10. Do you owe anyone money, or does anyone think that you owe them money? **Yes** No Refused

11. Do you 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 10, OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**



12. Do you have any 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:

13. Are you 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:

14. Do you think that conflict with family or friends, a relationship breakdown, or an unhealthy or abusive relationship may have led to your eviction or current homelessness in any way? **Yes** No 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? **Yes** No Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? **Yes** No 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? **Yes** No Refused

18. Do you 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

19. When you are sick or not feeling well, do you avoid getting help? **Yes** No Refused

20. *FOR ASSIGNED FEMALE AT BIRTH RESPONDENTS ONLY:*

Are you currently pregnant? **Yes** No 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 your being kicked out of an apartment or program where you were staying in the past? Yes No Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused

SCORE:

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

23. Have you 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

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? Yes No Refused

SCORE:

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

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

SCORE:

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? Yes No Refused

SCORE:

IF "YES," THEN SCORE 1 FOR MEDICATIONS.



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?

Yes No Refused

SCORE:

IF "YES," THEN SCORE 1 FOR ABUSE AND TRAUMA.

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
Pre-Survey (page 1)	/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 and Homelessness	/2	
B. Risks	/4	
C. Socialization and Daily Functioning	/4	
D. Wellness	/6	
GRAND TOTAL:	/17	

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