



VULNERABILITY ASSESSMENT – FAMILIES FLEEING DOMESTIC VIOLENCE

Administration

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

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></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. Is any member of the family currently pregnant? Yes No 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.)
- Housed/Couch-Surfing Transitional Housing Shelters (incl. Emergency Motels)
 Outdoors **Other (specify):** **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 or had to leave your home for safety reasons? _____ 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, including your former partner or their family or friends? 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, not including sources that your former partner controls? 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 engage in any activities or hobbies - other than meeting their basic needs - that make them feel happy? 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, with friends, a breakup, or an unhealthy or abusive relationship may have led to your family's homelessness in any way? Yes No Refused

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

SCORE:

C. Family Unit

13. In the last six months, are there any children that have been removed from the family by a child protection service? 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 six months, have any children lived with family or friends because of your homelessness or housing situation? Yes No Refused
16. In the last six months, has any child in the family experienced abuse or trauma? 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. In the last six months, have the members of your family changed 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 six months 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:* 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 N/A or Refused

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. Have you or anyone in your family ever been diagnosed with HIV or AIDS? **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, or does anyone prevent you or your family from getting help? **Yes** No Refused

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

28. Have you or any member of your family ever had problems with drug or alcohol abuse or been told that they do? **Yes** No Refused
29. Have you or any member of your family used injection drugs or shots in the last six months? **Yes** No Refused



30. Have you or any member of your family ever returned to using drugs or alcohol after being treated for a drug or alcohol problem? Yes No Refused

31. Have you or any member of your family blacked out because of alcohol or drug use in the last month? Yes No Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs or symptoms of problematic alcohol or drug use? Yes No Unsure

SCORE:

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

32. Have you or any member of your family ever been taken to a hospital against their will for a mental health issue or concern? Yes No Refused

33. Have you or any member of your family ever gone to the emergency room because they weren’t feeling 100% well emotionally or because of their nerves? Yes No Refused

34. Have you or any member of your family spoken with a psychiatrist, psychologist, or other mental health professional in the last year because of mental health – whether that was voluntary or because someone insisted? Yes No Refused

35. Have you or any member of your family had a serious brain injury or head trauma? Yes No Refused

36. Have you or any member of your family ever been told they have a learning disability or developmental disability? Yes No Refused

37. Do you or any member of your family have any problems concentrating or remembering things? Yes No Refused

OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? Yes No Unsure

SCORE:

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

38. *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

SCORE:

IF YES, THEN SCORE 1 FOR TRI-MORBIDITY.



39. 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? Or that your former partner wouldn't let you take, or made you take differently than prescribed? Yes No Refused

SCORE:

IF "YES," THEN SCORE 1 FOR MEDICATIONS.

40. Has your family's 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

SCORE:

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

E. Risks

41. 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? a) _____ Refused
- b) Taken an ambulance to the hospital? Or should have taken an ambulance to the hospital, but were unable, or not allowed to? b) _____ Refused
- c) Been hospitalized as an inpatient? Or should have been hospitalized as an inpatient, but were unable, or not allowed to? c) _____ 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? 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? Or, could have talked to police, but were unable or not allowed to? e) _____ Refused
- f) Stayed one or more nights in a jail or prison, even if you were not charged with a crime? f) _____ Refused

SCORE:

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



42. Have you or anyone in your family been physically attacked or beaten up since becoming homeless? Or, are you fearful of being attacked or hurt by your former partner, or their family or friends, who may be looking for you? Yes No Refused

43. Have you or anyone in your family threatened to, or tried to, harm themselves or anyone else in the last year? Yes No Refused

SCORE:

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

44. 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, even if it was caused by your former partner, or their family or friends? Yes No Refused

SCORE:

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

45. 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 former partner or anyone else? Yes No Refused

46. Do you or anyone in your family ever do anything that you or others consider risky, including: exchange sex for money, run drugs for someone, or share a needle? Yes No Refused

SCORE:

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



Scoring Summary

DOMAIN	SUBTOTAL	NOTES
Pre-Survey (pages 1-2)	/2	
A. History of Housing and Homelessness	/2	
B. Socialization and Daily Functioning	/4	
C. Family Unit	/4	
D. Wellness	/6	
E. Risks	/4	
GRAND TOTAL:	/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