



**VULNERABILITY ASSESSMENT – SINGLE ADULTS FLEEING DOMESTIC VIOLENCE**

**Administration**

**Interviewer Name:** \_\_\_\_\_  Staff  Volunteer

**Organization:** \_\_\_\_\_

**Survey Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Survey Time:** \_\_: \_\_ AM/PM **Survey Location:** \_\_\_\_\_  
Month/Day/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:** \_\_\_\_\_  
Month/Day/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.)

- 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:**

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 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, or should have received care but were unable or not allowed to go to the ER? a) \_\_\_\_\_  Refused
- b) Taken an ambulance to the hospital, or should have taken an ambulance to the hospital but were unable or not allowed? b) \_\_\_\_\_  Refused
- c) Been hospitalized as an inpatient? Or should have been hospitalized as an inpatient but were unable or not allowed? 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 not allowed to do so? d) \_\_\_\_\_  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, or could have talked with 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

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

**SCORE:**



5. Have you been physically attacked or beaten up since becoming homeless, or are you fearful of being attacked or physically hurt by your former partner, or their family or friends, who may be looking for you?

Yes  No  Refused

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

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, 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.

8. Do you ever feel like you are being forced or manipulated into doing things that you would not normally do, either by your former partner, or their family or friends?

Yes  No  Refused

9. Do you 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.

### C. Socialization & Daily Functioning

10. Do you owe anyone money, or does anyone think that you owe them money, including your former partner, or their family or friends?

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, not including sources that your former partner controls? (excluding General Assistance/GA)

Yes  No  Refused

SCORE:

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



12. Do you engage in any activities or hobbies – other than meeting your basic needs - that make you feel happy?  Yes  **No**  Refused

SCORE:

IF “NO,” THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

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

SCORE:

IF “NO,” THEN SCORE 1 FOR SELF-CARE.

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

SCORE:

IF “YES,” THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

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

20. Are you currently pregnant?  **Yes**  No  Refused

SCORE:

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



21. Have you ever had problems with drug or alcohol abuse, abused drugs or alcohol, or been told that you do?  Yes  No  Refused

22. Have you used injection drugs or shots in the last six months?  Yes  No  Refused

23. Have you ever returned to using drugs or alcohol, after being treated for a drug or alcohol problem?  Yes  No  Refused

24. Have you 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.

25. Have you ever been taken to a hospital against your will for a mental health issue or concern?  Yes  No  Refused

26. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?  Yes  No  Refused

27. Have you 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

28. Have you had a serious brain injury or head trauma?  Yes  No  Refused

29. Have you ever been told you have a learning disability or developmental disability?  Yes  No  Refused

30. Do you 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.

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:

31. 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 someone wouldn't let you take or would make you take differently than prescribed?  Yes  No  Refused

SCORE:

IF "YES," THEN SCORE 1 FOR MEDICATIONS.



32. Has your 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	NOTES
Pre-Survey (page 1)	/1	
A. History of Housing and Homelessness	/2	
B. Risks	/4	
C. Socialization and Daily Functioning	/4	
D. Wellness	/6	
<b>GRAND TOTAL:</b>	<b>/17</b>	

## 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