



VULNERABILITY ASSESSMENT – FAMILIES

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. 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>			
PARENT 2	<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:



## 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? \_\_\_\_\_  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 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

SCORE:

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY STABILITY.

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

SCORE:

IF "NO" TO QUESTION 20, OR "YES" TO ANY OF QUESTIONS 21 OR 22, THEN SCORE 1 FOR PARENTAL ENGAGEMENT.

## 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?  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

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

SCORE:

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

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

SCORE:



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

IF YES, THEN SCORE 1 FOR TRI-MORBIDITY.

SCORE:

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?

Yes  No  Refused

IF "YES," THEN SCORE 1 FOR MEDICATIONS.

SCORE:

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

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

SCORE:

### 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?

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 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:



42. Have you or anyone in your family been physically attacked or beaten up since becoming homeless?

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

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

SCORE:

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?

Yes  No  Refused

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

SCORE:

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?

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

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

SCORE:





## 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	
<b>GRAND TOTAL:</b>	<b>/22</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