**VULNERABILITY ASSESSMENT – TRANSITION AGE YOUTH**

**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**

 **SCORE:**

**IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.**

**A. History of Housing and Homelessness**

**1. Where do you sleep most frequently? (Check one)**

☐ **Housed** ☐ **Transitional Housing** ☐ **Shelters (incl. Emergency Motels)**

 ☐ **Outdoors** ☐ **Couch Surfing** ☐ **Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_** ☐ **Refused**

**SCORE:**

**IF THE INDIVIDUAL ANSWERS “OUTDOORS”, “COUCH SURFING”, “OTHER”**

**OR “REFUSED” THEN SCORE 1.**

**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**

**SCORE:**

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS,**

**AND/OR 4 OR MORE EPISODES OF HOMELESSNESS, THEN SCORE 1.**

**B. Risks**

4. In the past six months, how many times have you…

 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 d) \_\_\_\_\_\_\_\_\_\_** ☐ **Refused**

 **health crisis, family/intimate violence, distress centers, and**

 **suicide prevention hotlines?**

 **e) Talked to police because you witnessed a crime, were the e) \_\_\_\_\_\_\_\_\_\_** ☐ **Refused**

 **victim of a crime, were the alleged perpetrator of a crime,**

 **or because the police told you that you must move along?**

 **f) Stayed one or more nights in a jail, prison, or juvenile f) \_\_\_\_\_\_\_\_\_\_\_** ☐ **Refused**

 **detention, even if you were not charged with a crime?**

**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 ☐ **Yes** ☐ **No** ☐ **Refused**

 homeless?

6. Have you threatened to, or tried to, harm yourself or ☐ **Yes** ☐ **No** ☐ **Refused**

 anyone else in the last year?

**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 ☐ **Yes** ☐ **No** ☐ **Refused**

 in you being locked up, having to pay fines, or that make it

 more difficult to rent a place to live?

8. Were you ever incarcerated when younger than age 18? ☐ **Yes** ☐ **No** ☐ **Refused**

**SCORE:**

**IF “YES,” THEN SCORE 1 FOR LEGAL ISSUES.**

9. Do you ever feel like you are being forced or manipulated into ☐ **Yes** ☐ **No** ☐ **Refused**

 doing things that you would not normally do?

10. Do you ever do anything that you or others consider risky, ☐ **Yes** ☐ **No** ☐ **Refused**

 including: exchange sex for money, food, drugs, or a place to stay,

 run drugs for someone, or share a needle?

**SCORE:**

**IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**

**C. Socialization & Daily Functioning**

11. Do you owe anyone money, or does anyone think ☐ **Yes** ☐ **No** ☐ **Refused**

 that you owe them money?

12. Do you have any income from a job, an allowance, ☐ **Yes** ☐ **No** ☐ **Refused**

 under the table work, **a pension, inheritance,**

 **government benefits, or any other sources? (excluding general assistance/GA)**

**IF “YES” TO QUESTION 10, OR “NO” TO QUESTION 11, THEN SCORE 1 FOR**

 **MONEY MANAGEMENT.**

**SCORE:**

13. Do you engage in any activities or hobbies – other than meeting ☐ **Yes** ☐ **No** ☐ **Refused**

 your basic needs - that make you feel happy?

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

**SCORE:**

14. Are you currently able to take care of basic needs like bathing, ☐ **Yes** ☐ **No** ☐ **Refused**

 **changing clothes, using a restroom, getting food and clean**

 **water, and things like that?**

**IF “NO,” THEN SCORE 1 FOR SELF-CARE.**

**SCORE:**

**15. Has your lack of stable housing been caused by one of the following reasons?** ☐ **Yes** ☐ **No** ☐ **Refused**

* **You ran away from your family home, a group home, or foster home.**
* **A difference in religious or cultural beliefs from your parents, guardians, or caregivers.**
* **Conflicts around gender identity or sexual orientation.**
* **Your family or friends caused you to become homeless.**

**SCORE:**

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

**16. Is your current lack of stable housing because of violence at** ☐ **Yes** ☐ **No** ☐ **Refused**

 **home or because of an unhealthy or abusive relationship?**

**SCORE:**

**IF “YES,” THEN SCORE 1 FOR ABUSE/TRAUMA.**

**D. Wellness**

**17. Have you ever had to leave an apartment, shelter program,** ☐ **Yes** ☐ **No** ☐ **Refused**

 **or other place you were staying because of your physical health?**

**18. Do you have any chronic health issues with your liver, kidneys,** ☐ **Yes** ☐ **No** ☐ **Refused**

 **stomach, lungs, or heart?**

**19. Have you ever been diagnosed with HIV or AIDS?** ☐ **Yes** ☐ **No** ☐ **Refused**

20. Do you have any physical disabilities that would limit the type ☐ **Yes** ☐ **No** ☐ **Refused**

 **of housing you could access, or that would make it hard to**

 **live independently because you’d need help?**

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

**22. Are you currently pregnant, have you ever been pregnant,** ☐ **Yes** ☐ **No** ☐ **Refused**

 **or have you ever gotten someone pregnant?**

**SCORE:**

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

23. Have you ever had problems with drug or alcohol abuse, ☐ **Yes** ☐ **No** ☐ **Refused**

 **abused drugs or alcohol, or been told that you do?**

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

**25. Have you ever returned to using drugs or alcohol, after being** ☐ **Yes** ☐ **No** ☐ **Refused**

 **treated for a drug or alcohol problem?**

**26. Have you blacked out because of alcohol or drug use in the** ☐ **Yes** ☐ **No** ☐ **Refused**

 **last month?**

**27. If you have ever used marijuana, did you ever try it** ☐ **Yes** ☐ **No** ☐ **Refused**

 **at age 12 or younger?**

**OBSERVATION ONLY – DO NOT ASK: Surveyor, do you observe signs** ☐ **Yes** ☐ **No** ☐ **Unsure**

**or symptoms of problematic alcohol or drug use?**

**SCORE:**

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

**28. Have you ever been taken to a hospital against your will for a** ☐ **Yes** ☐ **No** ☐ **Refused**

 **mental health issue or concern?**

**29. Have you ever gone to the emergency room because you weren’t** ☐ **Yes** ☐ **No** ☐ **Refused**

 **feeling 100% well emotionally or because of your nerves?**

**30.** Have you spoken with a psychiatrist, psychologist, or other ☐ **Yes** ☐ **No** ☐ **Refused**

 mental health professional in the last year because of mental

 health – whether that was voluntary or because someone insisted?

**31. Have you had a serious brain injury or head trauma?** ☐ **Yes** ☐ **No** ☐ **Refused**

**32. Have you ever been told you have a learning disability or** ☐ **Yes** ☐ **No** ☐ **Refused**

 **developmental disability?**

**33. Do you have any problems concentrating or remembering things?** ☐ **Yes** ☐ **No** ☐ **Refused**

**OBSERVATION ONLY – DO NOT ASK: Surveyor, do you detect signs or** ☐ **Yes** ☐ **No** ☐ **Unsure**

**symptoms of severe, persistent mental illness or severely compromised**

**cognitive functioning?**

**SCORE:**

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

**SCORE:**

**IF THE RESPONDENT SCORED 1 FOR *PHYSICAL HEALTH*, AND 1 FOR *SUBSTANCE USE*,**

**AND 1 FOR *MENTAL HEALTH*, THEN SCORE 1 FOR TRI-MORBIDITY.**

34. Are there any medications that a doctor said you should be ☐ **Yes** ☐ **No** ☐ **Refused**

taking **but that you are not taking, or are taking differently**

 than prescribed?

**SCORE:**

**IF “YES,” THEN SCORE 1 FOR MEDICATIONS.**

**Scoring Summary**

|  |
| --- |
|   /1 |
|  /2 |
|  /4 |
|  /5 |
|  /5 |

 /17

 **DOMAIN SUBTOTAL NOTES**

**Pre-Survey (page 1)**

**A. History of Housing and Homelessness**

**B. Risks**

**C. Socialization and Daily Functioning**

**D. Wellness**

 **GRAND TOTAL:**

**Follow-Up Questions**

|  |
| --- |
|  **Are you currently working with any case workers? *(List name, etc., below.)*** |
|  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 |
|  |  |