

# VI-SPDAT for Families

American Version 2



## Assessment Information

Interviewer's Name: \_\_\_\_\_

Interviewer's Agency: \_\_\_\_\_

Assessment Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Assessment Location (City): \_\_\_\_\_

Assessment Type:  Phone  Virtual  In Person

Assessment Level:  Crisis Needs Assessment  Housing Needs Assessment

Is anyone in the household a veteran?  Yes  No

**IF THE PERSON ANSWERED 'YES' DO NOT COMPLETE THE ASSESSMENT.** See below for next steps on how to proceed:

*If your agency serves as a Veteran Access Point, complete the Veteran Coordinated Entry Assessment with the family.*

*If your agency is **NOT** a Veteran Access Point, please direct the family to call 2-1-1 and request to be connected to a Veteran Access Point.*

## Basic Household Information

PARENT 1

Head of Household Name (First/Last): \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Consent to Participate:  Yes  No

PARENT 2

Name (First/Last): \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Date of Birth (DD/MM/YYYY): \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Consent to Participate:  Yes  No

## Children

1. How many children are currently under the age of 18 are currently with you? \_\_\_\_\_  Refused

Head of Household: \_\_\_\_\_



## Children (continued)

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. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant?

Yes  No  Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____
_____	_____	_____	____/____/____

## A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (Check one)

Shelters  Transitional Housing  Safe Haven  Outdoors  Couch Surfing  
 Car  Client Doesn't Know  Client Refused  Other: \_\_\_\_\_

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_

Client Refused

7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_

Client Refused

## B. Risks

8. In the past six months, how many times have you or anyone in your family:

a) Received health care at an emergency department/room? \_\_\_\_\_ times  Client Refused

b) Taken an ambulance to the hospital? \_\_\_\_\_ times  Client Refused

c) Been hospitalized as an inpatient? \_\_\_\_\_ times  Client Refused

Head of Household: \_\_\_\_\_

## B. Risks (continued)

- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_ times  Client Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? \_\_\_\_\_ times  Client 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? \_\_\_\_\_ times  Client Refused
9. Have you or anyone in your family been attacked or beaten up since they've become homeless?  Yes  No  Client Refused
10. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?  Yes  No  Client Refused
11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?  Yes  No  Client Refused
12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?  Yes  No  Client Refused
13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?  Yes  No  Client Refused

## C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?  Yes  No  Client Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Yes  No  Client Refused
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  Yes  No  Client Refused

Head of Household: \_\_\_\_\_

### C. Socialization & Daily Functioning (continued)

17. 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 other things like that?  Yes  No  Client Refused
18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?  Yes  No  Client Refused

### D. Wellness

19. 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  Client Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Yes  No  Client Refused
21. 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 or anyone in your family?  Yes  No  Client Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Yes  No  Client Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?  Yes  No  Client Refused
24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?  Yes  No  Client Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Yes  No  Client Refused
26. Has your family 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  Client Refused
  - b) A past head injury?  Yes  No  Client Refused
  - c) A learning disability, developmental disability, or other impairment?  Yes  No  Client Refused

Head of Household: \_\_\_\_\_

## D. Wellness (continued)

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?  Yes  No  Client Refused
28. Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?  Yes  No  Client Refused
29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason they are not taking?  Yes  No  Client Refused
30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?  Yes  No  Client Refused
31. **YES OR NO:** Has your family's 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 or anyone in your family have experienced?  Yes  No  Client Refused
32. Are there any children that have been removed from the family by a child protection service within the last 180 days?  Yes  No  Client Refused
33. 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  Client Refused
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Yes  No  Client Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?  Yes  No  Client Refused
36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week?  Yes  No  Client Refused
37. Have the members of your family changed in the last 180 days, 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  Client Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Yes  No  Client Refused

Head of Household: \_\_\_\_\_

## D. Wellness (continued)

39. 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 family movie, or anything like that?  Yes  No  Client Refused
40. 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  Client Refused
- b) 2 or more hours per day for children aged 12 or younger?  Yes  No  Client Refused
41. **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  Client Refused

## Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

Place: \_\_\_\_\_

Time: \_\_\_\_\_ (morning/night)

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Of the Housing Opportunities the household is eligible for, which of the following housing types is the household interested in?

- Rapid Re-Housing
- Permanent Supportive Housing
- Housing Choice Voucher