

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

**Administration: Assessor Information**

First Name:	Last Name:	Survey Date:
Agency:	Survey Time:	
Email:	Survey Location:	

**Supplement:**

Client & Household Information

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Client & Household Information

First Name:	
Nickname (s):	
Last Name:	
Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Other _____

Relationship to Head of Household	<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> Other
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What gender do you identify with?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male)	<input type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not Collected
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Date of Birth	Day / Month / Year
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Race (may select more than one)	<input type="checkbox"/> American Indian or Alaska Native (HUD) <input type="checkbox"/> Asian (HUD) <input type="checkbox"/> Black or African American (HUD) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (HUD) <input type="checkbox"/> White (HUD) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Ethnicity	<input type="checkbox"/> Non-Hispanic/Latino (HUD) <input type="checkbox"/> Hispanic/Latino (HUD) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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Household Type	<input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Youth - Family <input type="checkbox"/> Youth -Single
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Household Size	Total # of Persons	Total # of Adults	Total # children
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Are you pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Refused <input type="checkbox"/> Data Not collected
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**Eligibility Information:**

Please do a housing summary

Assessing MN Long Term Homelessness

Extent of Homelessness by Minnesota's Definition		<input type="checkbox"/> Not currently homeless <input type="checkbox"/> 1 <sup>st</sup> time homeless and less than 1 year without home <input type="checkbox"/> Multiple times homeless, but NOT meeting LTH definition <input type="checkbox"/> Long term: At least 1 year OR at least 4 times in past 3 years.	
Approximate Date of Most Recent Episode of Homelessness		Day	/Month /Year
Total # of months homeless or doubled up? (do not include time in TH or other housing)			
Leave any of these? (0-3 months ago)	<input type="checkbox"/> Adoptive home (from foster care) <input type="checkbox"/> Foster Home <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> County Jail <input type="checkbox"/> State or Federal Prison <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Drug or Alcohol Treatment	<input type="checkbox"/> Combined MI/CD treatment <input type="checkbox"/> Group Home <input type="checkbox"/> Halfway House <input type="checkbox"/> Residence for people with physical disabilities <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused	
	Residence Prior to Project Entry (Where are you currently staying?)	<input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel/motel paid w/ voucher <input type="checkbox"/> Safe Haven <input type="checkbox"/> Interim Housing/Bridge Housing <input type="checkbox"/> <i>Foster care home or foster care group home</i> <input type="checkbox"/> <i>Hospital or other residential non-psychiatric medical facility</i> <input type="checkbox"/> <i>Jail, prison or juvenile detention facility</i> <input type="checkbox"/> <i>Long-term care facility or nursing home</i> <input type="checkbox"/> <i>Psychiatric hospital or other psychiatric facility</i> <input type="checkbox"/> <i>Substance abuse treatment facility or detox center</i> <input type="checkbox"/> Hotel/motel paid for w/out emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, w/ ongoing housing subsidy <input type="checkbox"/> Permanent housing for formerly homeless <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with VASH subsidy <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Don't know	
How long have you stayed there?	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> Over 1 week to under a month	<input type="checkbox"/> 1 month to 90 days <input type="checkbox"/> 90 days to one year <input type="checkbox"/> One year or longer	<input type="checkbox"/> Don't know <input type="checkbox"/> Refused
Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past 3 years including today	<input type="checkbox"/> Once <input type="checkbox"/> Twice	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused

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Total number of months homeless on the street, in ES or SH in the past 3 years.	<input type="checkbox"/> 1 month (this episode w/in 1 <sup>st</sup> month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected		
Is the client Chronically Homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Did you serve on Active Duty, or in the National Guard or Reserves?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Active Duty (regardless of Guard/Reserve answer) <input type="checkbox"/> Yes, National Guard	<input type="checkbox"/> Yes, Reserves <input type="checkbox"/> Guard & Reserves <input type="checkbox"/> Don't know <input type="checkbox"/> Refused		
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable but not dishonorable <input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> N/A		
Are you Native American?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, with which Tribe are you affiliated?	<input type="checkbox"/> Lower Sioux in MN <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe <input type="checkbox"/> Prairie Island in Minnesota	<input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux of MN <input type="checkbox"/> Upper Sioux Community <input type="checkbox"/> Other:		
Do you have a disability of long duration? (Collect Household Disability Information)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Have you been told by a medical professional that you have a severe mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused
Is the disability documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
What accommodations do you require for housing due to health/disability?				
Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
How many times have you moved in the past year? Enter value 0-10				
County of (current) Primary Residence?				

**Client Choice**

Are you willing to live anywhere in the state?			
West Central ONLY: Are you willing to live in North Dakota?			
Client Preference County 1-3	1.		
	2.		
	3.		
If you are not currently living in the city/county you want to live, do you have any connections to the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please explain connections:			
Please note if you have a need or a preference for each of the following.	Need	Preferred	Notes
Cultural or population specific	<input type="checkbox"/>	<input type="checkbox"/>	

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housing (tribal, HIV/AIDS, LBGT)			
Fixed Site	<input type="checkbox"/>	<input type="checkbox"/>	
Housing and Supports	<input type="checkbox"/>	<input type="checkbox"/>	
Have a Front Desk	<input type="checkbox"/>	<input type="checkbox"/>	
Mobility/Access	<input type="checkbox"/>	<input type="checkbox"/>	
Access to public transportation	<input type="checkbox"/>	<input type="checkbox"/>	
Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Scattered Site	<input type="checkbox"/>	<input type="checkbox"/>	
Stay enrolled in same school district	<input type="checkbox"/>	<input type="checkbox"/>	
Sober Housing/Treatment based	<input type="checkbox"/>	<input type="checkbox"/>	

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

**Contact Information:**

Contact Name	Relationship	Phone	Email	Notes

**Current Case Workers/Providers that you are working with:**

PROVIDER TYPE	AGENCY	WORKER	EMAIL	PHONE	NOTES

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**Opening Script**

Hello, my name is [interviewer 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 ask personal questions, 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 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**

<b>Parent 1</b>	First Name:		Nickname:		Last Name:	
	DOB:	Age:	SS#: / /		Consent to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In what language do you feel best able to express yourself?: <input type="checkbox"/> No second parent currently part of household.					
<b>Parent 2</b>	First Name:		Nickname:		Last Name:	
	DOB:	Age:	SS#: / /		Consent to participate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	In what language do you feel best able to express yourself?:					
<b>IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.</b>						<b>Score</b>

**Children**

1. How many children under the age of 18 are currently with you?		Refused <input type="checkbox"/>
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 <input type="checkbox"/>
3. <i>IF HOUSEHOLD INCLUDES A FEMALE:</i> Is any member of the family currently pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
4. Please provide a list of children's names and ages:		
First Name	Last Name	Age
<b>IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.</b>		<b>SCORE</b>
<b>IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.</b>		<b>SCORE</b>

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**A. History of Housing and Homelessness**

5. Where do you and your family sleep most frequently? (choose one)	<input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Outdoors <input type="checkbox"/> Safe Haven <input type="checkbox"/> Other (specify): <input type="checkbox"/> Refused
If the person answers anything other than "shelter" or "transitional housing" or "Safe Haven", then SCORE 1	
6. How long has it been since you and your family lived in permanent stable housing?	<input type="checkbox"/> Refused
7. In the last 3 years, how many times have you or your family been homeless?	<input type="checkbox"/> Refused
If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1	

*\*Optional Minnesota clarifications*

**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? <i>*This would include seeking emergency healthcare at IHS or other health facility?</i>	<input type="checkbox"/> Refused
b. Taken an ambulance to the hospital?	<input type="checkbox"/> Refused
c. Been hospitalized as an inpatient?	<input type="checkbox"/> Refused
d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	<input type="checkbox"/> Refused
e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or <i>*because the police told you that you must move along? *or any other reason such as being asked to move along, loitering, etc.?</i>	<input type="checkbox"/> Refused
f. Stayed one or more nights in a holding cell, jail, or prison, <i>*whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? *or detox?</i>	<input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	
9. Have you or anyone in your family been attacked <i>*or beaten up*</i> since they've become homeless? <i>*assaulted*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM	
11. Do you or anyone in your family have any legal stuff going on right now that may result in being locked up, having to pay fines, or that make it more difficult to rent a place to live? <i>*Do you or anyone in your family have any legal issues that may result in going to jail, having to pay fines, or that make it more difficult to rent a place to live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES	

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12. Does anybody force or <i>*trick*</i> you or anyone in your family to do things that you do not want to do? <i>*manipulate*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
13. Do you or anyone in your family ever do things that <i>*may be considered risky,*</i> 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? <i>*put you or them at risk for harm,*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION		SCORE

**C. Socialization & Daily Functioning** Please answer yes or no for the following

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you or anyone in your family owes them money? <i>*Is there any person that thinks you, or anyone in your family, owe them money for things like rent, drugs, gambling, taxes, or similar?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, <i>*working under the table*</i> , a regular job, or anything like that? <i>*cash job, per cap*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF YES TO QUESTION 14, OR NO TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.		SCORE
16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? <i>Ask instead, Do you have planned activities that make you feel happy and fulfilled?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF NO, SCORE 1 FOR MEANINGFUL DAILY ACTIVITY		SCORE
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 <i>*like that? *without assistance?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF NO, THEN SCORE 1 FOR SCORE 1 FOR SELF-CARE		SCORE
18. Is your family's current homelessness in any way caused by <i>*a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?</i> <i>*relationship problems, for example: a relationship that has ended, an unhealthy or abusive relationship, or because family or friends caused you to become homeless?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
IF YES, THEN SCORE 1 FOR SOCIAL RELATIONSHIP		SCORE

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**D. Wellness** – Please answer YES or NO for the following

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH</b>		<b>SCORE</b>
24. Has drinking or drug use by you or anyone in your family led your family to <i>*being kicked out*</i> of an apartment or program where you were staying in the past? <i>*being asked or forced to leave*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
25. Will drinking, or drug use make it difficult for your family to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.</b>		<b>SCORE</b>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
b. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
c. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH</b>		<b>SCORE</b>
28. <b>IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:</b> Does any single member of your household have a medical condition, mental health concerns, <b>and</b> experience with problematic substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
<b>IF "YES", SCORE 1 FOR TRI-MORBIDITY.</b>		<b>SCORE</b>
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	



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they sell the medication? *, <i>are on a pain contract, or sell the medications?</i>	
<b>IF YES, TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.</b>	
31. <b>YES OR NO:</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF YES, SCORE 1 FOR ABUSE AND TRAUMA.</b>	
<b>SCORE</b>	

**E. Family Unit**

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY LEGAL ISSUES</b>	
<b>SCORE</b>	
34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
35. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
36. <b>IF THERE ARE SCHOOL-AGED CHILDREN:</b> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO 34 or 35 OR "NO" TO 36, THEN SCORE 1 FOR NEEDS OF CHILDREN.</b>	
<b>SCORE</b>	
37. <b>*Have the members*</b> 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? <i>*Has the make-up size*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY STABILITY.</b>	
<b>SCORE</b>	
39. Do you have two or <b>*more planned activities*</b> 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? <i>*more activities*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
40. After school, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. 2 or more hours per day for children aged 12 or younger?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
41. <b>IF THERE ARE CHILDREN BOTH 12 AND UNDER &amp; 13 AND OVER:</b> 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,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

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helping with homework, making them dinner, bathing them, or anything like that?	
IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, THEN SCORE 1 FOR PARENTAL ENGAGEMENT.	SCORE

**Scoring Summary**

DOMAIN	SUBTOTAL	SCORE RECOMMENDATION
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	<ul style="list-style-type: none"> <li>• 0-3 no housing intervention</li> <li>• 4-8 Rapid Re-Housing/ Transitional Housing</li> <li>• 9+ Permanent Supportive Housing/Housing First</li> </ul>
B. RISKS	/4	
C. SOCIALIZATION	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
TOTAL:	/22	

**Don't forget to give each household a CES RECEIPT & enter assessments within 24 hours!**