

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

UNACCOMPANIED YOUTH

AMERICAN VERSION 2.0

Administration: Assessor Information

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

Supplement:

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		
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	
Date of Birth	Day / Month / Year		
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		
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		
Household Type	<input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> Youth - Family <input type="checkbox"/> Youth -Single		
Household Size	Total # of Persons	Total # of Adults	Total # children
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 st 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"/> Combined MI/CD treatment	
	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home	
	<input type="checkbox"/> Juvenile Detention Center	<input type="checkbox"/> Halfway House	
	<input type="checkbox"/> County Jail	<input type="checkbox"/> Residence for people with physical disabilities	
	<input type="checkbox"/> State or Federal Prison	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Mental Health Treatment	<input type="checkbox"/> Client Refused	
	<input type="checkbox"/> Drug or Alcohol Treatment		
	<input type="checkbox"/> Place not meant for habitation		
Residence Prior to Project Entry (Where are you currently staying?)	<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"/> 1 month to 90 days	<input type="checkbox"/> Don't know
	<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days to one year	<input type="checkbox"/> Refused
	<input type="checkbox"/> Over 1 week to under a month	<input type="checkbox"/> One year or longer	

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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"/> 3 times	<input type="checkbox"/> Don't Know
		<input type="checkbox"/> Twice	<input type="checkbox"/> 4 or more	<input type="checkbox"/> Refused
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 st month)	<input type="checkbox"/> 10		
	<input type="checkbox"/> 2	<input type="checkbox"/> 11		
	<input type="checkbox"/> 3	<input type="checkbox"/> 12		
	<input type="checkbox"/> 4	<input type="checkbox"/> More than 12 months		
	<input type="checkbox"/> 5	<input type="checkbox"/> Client doesn't know		
	<input type="checkbox"/> 6	<input type="checkbox"/> Client refused		
	<input type="checkbox"/> 7	<input type="checkbox"/> Data not collected		
	<input type="checkbox"/> 8			
	<input type="checkbox"/> 9			
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, Reserves	
	<input type="checkbox"/> Yes, Active Duty (regardless of Guard/Reserve answer)		<input type="checkbox"/> Guard & Reserves	
	<input type="checkbox"/> Yes, National Guard		<input type="checkbox"/> Don't know	
What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions		<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Other than honorable but not dishonorable		<input type="checkbox"/> Client refused	
	<input type="checkbox"/> Dishonorable		<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"/> Red Lake Band of Chippewa Indians	
	<input type="checkbox"/> Mdewakanton Sioux Indians		<input type="checkbox"/> Shakopee Mdewakanton Sioux of MN	
	<input type="checkbox"/> Minnesota Chippewa Tribe		<input type="checkbox"/> Upper Sioux Community	
	<input type="checkbox"/> Prairie Island in Minnesota		<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

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have any connections to the area?					
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 housing (tribal, HIV/AIDS, LBGT)	<input type="checkbox"/>	<input type="checkbox"/>			
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

First Name:			
Nickname:			
Last Name:			
In what Language do you feel best able to express yourself?			
Date of birth:		Age:	
SSN:			
Consent to participate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If the person is 17 years of age or less, then SCORE 1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
			SCORE

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)	<input type="checkbox"/> Shelters	<input type="checkbox"/> Transitional Housing
	<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Couch Surfing
	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Refused
	<input type="checkbox"/> Other (specify): _____	
If the person answers anything other than "shelter" or "transitional housing", or Safe Haven, then SCORE 1		
2. How long has it been since you lived in permanent stable housing?		<input type="checkbox"/> Refused
3. In the last 3 years, how many times have you 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

4. In the past 6 months, how many times have you...?	
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

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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 * because the police told you that you must move along? <i>*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, * whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? <i>*or detox?</i>	_____ <input type="checkbox"/> Refused
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	
SCORE	
5. Have you been attacked or *beaten up* since you've become homeless? <i>*assaulted</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
6. Have you threatened to or tried to harm yourself 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	
SCORE	
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? <i>*This includes any current legal issues that may result in going to jail, having to pay fines, or make it more difficult to rent a place to live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
8. Were you ever incarcerated when younger than age 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" THEN SCORE 1 FOR LEGAL ISSUES	
SCORE	
9. Does anyone force or *trick* you to do things that you do not want to do? <i>*Or manipulate</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
10. Do you ever do things that *may be considered risky* like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? <i>*you think could possibly put you at 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

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money? <i>*This could include things like rent, drugs, gambling, taxes, or similar?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
12. Do you get any money from the government, a pension, an inheritance, *working under the table, * 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 11, OR NO TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.	
SCORE	

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13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? <i>*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	
14. Are you 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? (<i>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	
15. Is your current lack of stable housing...	
a. Because you ran away from your family home, a group home or a foster home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
c. Because your family or friends caused you to become homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
d. Because of conflicts around gender identity or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIP	
SCORE	
e. Because of violence at home between family members?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
f. Because of an unhealthy or abusive relationship, either at home or elsewhere? (emotional, physical, psychological, sexual)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA	
SCORE	

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. Do you 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
18. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. Do you 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
20. When you are sick or not feeling well, do you avoid getting help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR PHYSICAL HEALTH	
SCORE	

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22. Has your drinking or drug use led you to being *kicked out of an* apartment or program where you were staying in the past? <i>* "asked or forced to leave"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
24. If you've ever used marijuana, did you ever try it at age 12 or younger? <i>*Did you ever use marijuana at age 12 or younger?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.	
SCORE	
25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:	
g. A mental health issue or concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
h. A past head injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
i. A learning disability, developmental disability, or other impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
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, SCORE 1 FOR TRI-MORBIDITY.	
SCORE	
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed *or where* you sell the medications? <i>*, are you not following a pain contract, or do*</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
IF YES, TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.	
SCORE	

Scoring Summary

DOMAIN	SUBTOTAL	SCORE RECOMMENDATION
PRE-SURVEY	/1	0-3 = No housing Intervention 4-7 = Rapid re-housing/Transitional Housing 8+ = Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION	/5	
D. WELLNESS	/5	
TOTAL:	___/17	

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