



Colorado Springs/ El Paso County Coordinated Assessment for Families

Every assessor in our community regardless of organization completing the VI-SPDAT should use an introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc)
- the purpose of the VI-SPDAT being completed
- that it should take less than 10 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or prefers not to answer
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal.

Example text:

Hi, I'm _____ and I work[volunteer] for _____. I would like to go through a short survey with you that will provide us with more information about your situation. The answers will help us determine how we can best support you. Some of the survey questions are personal in nature, but they only require a Yes, No, or one word answer. I really only need that one word answer. Please don't feel any pressure to provide more detail. There is no "right" or "wrong" answer and you don't need to conceal information because we can only help if we know your situation. We appreciate your honesty and understand if you want to skip or refuse a question. If you don't understand one of the questions I ask you, you can ask for clarification at any time. Please know the information collected will go into a data system which homeless community agencies access to coordinate the best services based on your information. If you don't provide us honest answers we might miss connecting you to opportunities that are most appropriate for you (and your family). Does this make sense or do you have any questions before we get started?

Interviewer's Name:

Agency:

Assessment Date:

Assessment Location:

Agency office

Outdoors

Assessment method:

Phone

In person

Virtual/online

Assessment Level: *(this will always be Housing needs assessment, not Crisis needs in our CoC)*

Primary Language: _____

NOTE: text in *BLUE ITALICS* is supplemental information to guide the interviewer and not part of the original VI-SPDAT, and should not be read aloud to the client unless they request clarification on a question. Please note that some questions say ANY person in the family, and others say EVERY person in the family-please be clear when reading the questions to the respondent.

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

Children

1. How many children under the age of 18 are currently with you?
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? *(this includes VOLUNTARY placement of children with family or friends, but not situations where DHS has revoked custody and will require a multiple step process before the client regains custody. A full intake form should be filled out for each child included)*
3. Is any member of the family currently pregnant? *(this reference to "family" includes any member of the household that is or expects to be housed together)*
4. Please provide a list of children's names and ages: *(it is important to remember three categories: under 6 years old, 6-12, and 13-17.)*

_____	_____
_____	_____
_____	_____

5. Where do you and your family sleep most frequently? *(Let the client answer in their own words, then check one. If the family is currently experiencing separate sleeping arrangements, have the respondent answer for themselves)*

- Shelters *(including domestic violence shelter or hotel paid by a charitable source)*
- Transitional Housing
- Safe Haven
- Outdoors *(including in a tent, abandoned building, etc.)*
- Couch Surfing *(note that adults that are couch surfing are typically not considered literally homeless)*
- Car *(including an RV or other vehicle if there is no running water)*
- Other (specify):
- Client doesn't know
- Client prefers not to answer

6. How long has it been since you and your family lived in permanent stable housing? *(if client needs clarification, had the right to receive mail at a place they lived together as a family for more than 90 days.)*

- | | |
|--|--|
| <input type="radio"/> Less than a week | <input type="radio"/> 1-2 years |
| <input type="radio"/> 1 week to 3 months | <input type="radio"/> 2 years or more |
| <input type="radio"/> 3-6 months | <input type="radio"/> Client doesn't know |
| <input type="radio"/> 6 months to one year | <input type="radio"/> Client prefers not to answer |

(For the next question, help the client pick a date six months ago, and tell them to answer the following)

Details for “How long...?”

- Less than 1 month
- 1 month
- 2 months
- 3 months
- 4 months
- 5 months
- 6 months
- 7 months
- 8 months
- 9 months
- 10 months
- 11 months
- 1 – 2 years
- 2 years or more
- Client doesn’t know
- Client prefers not to answer

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

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn’t know
- Client prefers not to answer

(For the next question, help the client pick a date six months ago, and tell them to answer the following.)

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

Received health care at an emergency room? <i>(including freestanding ER but NOT urgent care centers)</i>	
Been taken by an ambulance to the hospital? <i>(one point per patient, riding with a friend or family member who is receiving care does not count, but two patients in one ambulance would count as two points)</i>	
Been hospitalized as an inpatient? <i>(including “outpatient observation” status, if client needs clarification, we would include any time they stayed overnight in a bed somewhere other than the ER. This would also include hospitalization for mental health.)</i>	
Used a crisis service, including sexual assault crisis, mental health crisis, family or intimate violence, distress centers and suicide prevention hotlines? <i>(including phone, chat, or in person crisis centers)</i>	
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?	
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 offence, or anything in between? <i>(note: this is number of events, not number of days)</i>	

9. Have you or anyone in your family been attacked or beaten up since they've become homeless? *(this is any period of homelessness, not just the past six months)*

- No
- Yes
- Client doesn’t know
- Client prefers not to answer

10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? *(the last 12 months regardless of if they were homeless or not at the time)*

- No
- Yes
- Client doesn’t know
- Client prefers not to answer

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? *(this could include civil or criminal legal issues. This does not include family/divorce court issues like custody or restraining orders, there is a separate question for that later)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(Client does not need to agree that they owe the money)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working *(regular recurring income, not a one time gift or occasional support from family)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? *(this does not need to be the same thing for everybody)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this refers to both the physical ability to do these things and access to the resources necessary, as developmentally appropriate.)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(remind client if necessary they do not need to tell us the details of the event. If it is within your scope of training to assist the client in processing social relationship issues, please wait until after the spdat is complete to do so)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(Clarification if needed: examples could include a mobility issue, mold or other environmental issues exacerbating health conditions, lack of electricity to run necessary medical equipment, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? *(these five body systems only)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this should only be yes if someone in the household needs support with medical care for HIV)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: wheelchair access)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? *(this is for any reason, and we do not need the reason stated. Examples include lack of transportation, cost, distrust of medical system, etc)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could be financial or behavioral reasons)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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: *(question should be answered on its own merit, not dependent on the responses from other parts of the question. One issue in particular could prompt a "yes" response to more than one section of this question)*

a) A mental health issue or concern?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) A past head injury?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

c) A learning disability, developmental disability, or other impairment?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: forgetting to pay bills, debilitating anxiety about conflict with neighbors or landlord)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

28. 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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could include but is not limited to reasons like cannot afford the medication, don't like the side effects, or don't agree the medication is necessary)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this could include taking more OR less than prescribed)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? *(use the same 6 month benchmark as the first set of questions about the last six months)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(example: custody agreements or restraining orders)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? *(this is for voluntary placement, removal by CPS is covered in question 32.)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

35. Has any child in the family experienced abuse or trauma in the last 180 days? *(example: child bullied at school or lost an extremely important item during an eviction)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? *(assuming school is in session: during school holidays, you can preface this question with "when school is in session")*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(reminder: we do not need details of how the family has changed. By Family, we mean the members of the household that are living together as a family unit)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? *(If yes, strongly consider if that person needs to be on the initial CE enrollment. We want to make sure that the housing we find is sufficiently sized for the household. If you cannot add to the initial enrollment, such as an unborn baby, please note in the referral that the household size will change)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(this is time spent together as a family unit, not individual activities)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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 *(responsible adult: a person over 18 who would be capable of handling an emergency such as an injury requiring medical attention)*

- a) 3 or more hours per day for children aged 13 or older?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

b) 2 or more hours per day for children aged 12 or younger?

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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? *(note that this says typical day, indicating a regular responsibility/chore, not an occasional babysitting situation among siblings)*

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Post VI-SPDAT questions:

On a regular day, where is it easiest to find you and what time of day is easiest to do so? [\(Enter this information on the Contact tab in HMIS\)](#)

Is there a phone number and /or email where someone can safely get in touch with you or leave you a message? [\(Enter this information on the Contact tab in HMIS\)](#)

Number/Email: _____

Contact type:

- Direct client contact
- Messages only

This form was adapted from the Service Prioritization Decision Assistance Tool-Prescreen Triage Tool for Families

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