

VI-F-SPDAT-V3 PRESCREEN ASSESSMENT FOR FAMILIES *Important notes on last page.*



APPLICANT NAME: _____

APPLICANT LOCATION: ___ on street ___ emergency shelter ___ permanent housing ___ service provider office

ASSESSMENT TYPE: ___ on phone ___ virtual ___ in person

ASSESSMENT LEVEL: ___ crisis needs assessment ___ housing assessment

PRIMARY LANGUAGE: _____

Identifies as LGBTQ2+? ___ yes ___ no ___ doesn't know ___ refused

SURVEY LOCATION: ___ shelter ___ outreach ___ drop in ___ other _____

Has Pet(s)? ___ yes ___ no ___ doesn't know ___ refused

Is there a secondary Head of Household? ___ yes ___ no

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

How many children under the age of 18 are currently with you?

___ 0	___ 4	___ 8
___ 1	___ 5	___ 9
___ 2	___ 6	___ 10
___ 3	___ 7	___ more than 10

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?

___ 0	___ 4	___ 8
___ 1	___ 5	___ 9
___ 2	___ 6	___ 10
___ 3	___ 7	___ more than 10

Is any member of the family currently pregnant?

☐ yes ☐ no ☐ doesn't know ☐ refused

Child 1: Name _____

D.O.B. _____

Age _____

Is child currently with family? ☐ yes ☐ no ☐ doesn't know ☐ refused

Child 2: Name _____

D.O.B. _____

Age _____

Is child currently with family? ☐ yes ☐ no ☐ doesn't know ☐ refused

Child 3: Name _____

D.O.B. _____

Age _____

Is child currently with family? ☐ yes ☐ no ☐ doesn't know ☐ refused

SECTION TWO: PRESENTING NEEDS

Most days can you and your family find a safe place to sleep?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family access a bathroom when you need it?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family access a shower when you need it?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family get food?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family get water or other non-alcoholic beverages to stay hydrated?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family get clothing or access laundry when you need it?

☐ yes ☐ no ☐ doesn't know ☐ refused

Most days can you and your family safely store your stuff?

☐ yes ☐ no ☐ doesn't know ☐ refused

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

How long has it been since you and your family lived in stable, permanent housing?

☐ less than a week ☐ 1 week-3 months ☐ 3-6 months ☐ 6 months-1 year
☐ 1-2 years ☐ 2 years or more ☐ doesn't know ☐ refused

In the last 3 years, how many times have you been homeless?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

Do you have any diagnosed, documented, disabling conditions?

☐ yes ☐ no ☐ doesn't know ☐ refused

Has your family ever lived in a home that you own or an apartment in your name?

☐ yes ☐ no ☐ doesn't know ☐ refused

Have you and your family ever been evicted?

☐ yes ☐ no ☐ doesn't know ☐ refused

SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

In the last 6 months, how many times have you or anyone in your family gone to the emergency room/department?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

In the last 6 months, how many times have you or anyone in your family taken an ambulance?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

In the last 6 months, how many times have you or anyone in your family been hospitalized as an inpatient?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

In the last 6 months, how many times have you or anyone in your family used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

In the last 6 months, # of times you/anyone in your family talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime or because they asked you to move along because of loitering, sleeping in a public place or anything like that?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

In the last 6 months, how many times have you or anyone in your family stayed one or more nights in jail, a holding cell or prison?

<input type="checkbox"/> 0 times	<input type="checkbox"/> 4 times
<input type="checkbox"/> 1 time	<input type="checkbox"/> 5 or more times
<input type="checkbox"/> 2 times	<input type="checkbox"/> doesn't know
<input type="checkbox"/> 3 times	<input type="checkbox"/> refused

Since your family has been homeless, has anyone in your family been beaten up or assaulted?

☐ yes ☐ no ☐ doesn't know ☐ refused

Since your family has been homeless, has anyone in your family threatened to beat up or assault someone else?

☐ yes ☐ no ☐ doesn't know ☐ refused

Since your family has been homeless, has anyone in your family threatened to harm themselves or have harmed themselves?

☐ yes ☐ no ☐ doesn't know ☐ refused

Since your family has been homeless, has anyone threatened you or anyone in your family with violence or made any of you feel unsafe?

☐ yes ☐ no ☐ doesn't know ☐ refused

Since your family has been homeless, has anyone tried to control you or anyone in your family through violence or threats of violence, whether that be a stranger, friend, partner, relative or parent?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your family have any legal stuff going on right now that may result in being locked up?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your family have any legal stuff going on right now that may result in having to pay fines/fees that you cannot afford?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your family have any legal stuff going on right now that may impact your family's ability to get housing?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your family have any legal stuff going on right now that may impact where you and your family could live in your housing?

☐ yes ☐ no ☐ doesn't know ☐ refused

Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone trick, manipulate, exploit or force anyone in your family to do things you do not want to do?

☐ yes ☐ no ☐ doesn't know ☐ refused

Where do you and your family sleep most frequently?

☐ shelters ☐ transitional housing ☐ safe haven ☐ outdoors ☐ couch surfing
☐ car ☐ other ☐ doesn't know ☐ refused

Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work or anything like that?

☐ yes ☐ no ☐ doesn't know ☐ refused

Is there anybody that thinks you or anyone in your family owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that?

☐ yes ☐ no ☐ doesn't know ☐ refused

Do you or anyone in your family get any money from the government, a job, working under the table, day labor, an inheritance or a pension or anything like that?

☐ yes ☐ no ☐ doesn't know ☐ refused

Do you or anyone in your family ever gamble with money you cannot afford to lose or have debts associated with gambling?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does your family have a collection of belongings that gets in the way with your ability to access services or housing?
☐ yes ☐ no ☐ doesn't know ☐ refused

Would you say that your family's current homelessness was caused by a relationship that broke down?
☐ yes ☐ no ☐ doesn't know ☐ refused

Would you say the your family's current homelessness was caused by an unhealthy or abusive relationship?
☐ yes ☐ no ☐ doesn't know ☐ refused

Would you say that your family's current homelessness was caused by family or friends causing you to lose your housing?
☐ yes ☐ no ☐ doesn't know ☐ refused

Do most of your family and friends have stable housing?
☐ yes ☐ no ☐ doesn't know ☐ refused

Is anyone in your household 60 years of age or older?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury that might require assistance to access or keep housing?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your household use alcohol or drugs in a way that it impacts your life in a negative way most days?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your household use alcohol or drugs in a way that makes it harder to access housing?
☐ yes ☐ no ☐ doesn't know ☐ refused

Does anyone in your household use alcohol or drugs in a way that it would require assistance to maintain housing?

☐ yes ☐ no ☐ doesn't know ☐ refused

Are there any medications that, for some reason a doctor said someone in your family should be taking but they are not taking?

☐ yes ☐ no ☐ doesn't know ☐ refused

Are there any medications that, for whatever reason the medications get sold instead of being taken?

☐ yes ☐ no ☐ doesn't know ☐ refused

Are there any medications that, for whatever reason the medication is used in a way other than how it is prescribed?

☐ yes ☐ no ☐ doesn't know ☐ refused

Are there any medications that for whatever reason the medication is impossible to take, forgotten or chosen not to take?

☐ yes ☐ no ☐ doesn't know ☐ refused

Has your family's homelessness been caused by any recent or past trauma or abuse?

☐ yes ☐ no ☐ doesn't know ☐ refused

Are there any children that have been removed from the family by a child protection service in the last six months?

☐ yes ☐ no ☐ doesn't know ☐ refused

Do you have any family legal issues like child custody, protection issues, divorce or anything like that being resolved in court that would impact your housing or who may live within your housing?

☐ yes ☐ no ☐ doesn't know ☐ refused

At any point in the last six months have any of your children been separated from you to live with another family member or friend?

☐ yes ☐ no ☐ doesn't know ☐ refused

In the last six months, have any of the children experienced abuse or trauma?

☐ yes ☐ no ☐ doesn't know ☐ refused

If there are school-aged children: Do your children attend school more often than not each week?

☐ yes ☐ no ☐ doesn't know ☐ refused

In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment or anything like that?

☐ yes ☐ no ☐ doesn't know ☐ refused

Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed?

☐ yes ☐ no ☐ doesn't know ☐ refused

Does your family have a support network for when you need help with your children or other things that come up?

☐ yes ☐ no ☐ doesn't know ☐ refused

If there are children 12 and under as well as 13 and over: In your household do the older kids spend 2 or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing or anything like that?

☐ yes ☐ no ☐ doesn't know ☐ refused

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES

Veteran Status ☐ yes ☐ no ☐ doesn't know ☐ refused

Where did you live prior to becoming homeless? ☐ this city ☐ this region ☐ other part of state ☐
☐ somewhere else ☐ refused

Have you ever been in foster care? ☐ yes ☐ no ☐ doesn't know ☐ refused

Have you ever been in jail? ☐ yes ☐ no ☐ doesn't know ☐ refused

Have you ever been in prison? ☐ yes ☐ no ☐ doesn't know ☐ refused

Do you have a permanent physical disability that limits mobility? (i.e. wheelchair, amputation, unable to climb stairs)?
___ yes ___ no ___ doesn't know ___ refused

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

MEDI-CAL / MEDICAID	___ yes	___ No
MEDICARE	___ yes	___ No
VA Medical	___ yes	___ No
Private Insurance	___ yes	___ No
No Insurance	___ yes	___ No
Other Non-Cash Benefit	___ yes	___ No

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

After finishing this Assessment, you must do the following to complete the process:

- 1) Ensure all members of the Household have a Profile in the HMIS (Clarity)
- 2) Enroll the Household in an Outreach, Emergency Shelter, or Coordinated Entry program in the HMIS
- 3) Go to the Assessment tab under the Program page, and select this version of the VI-SPDAT
- 4) Enter the information from this paper Assessment to that Assessment in the HMIS
- 5) Refer the Household to the Community Queue

Please conduct this Assessment with empathy, compassion, and respect for the individual experiences of the people who are seeking our help.

For additional guidance, please see the SJCoC Coordinated Entry System Policies and Procedures, available through the SJCoC website at www.sanjoaquinccoc.org.