

VI-F-SPDAT-V3 PRESCREEN ASSESSMENT FOR SINGLE ADULTS *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

SECTION ONE: PRESENTING NEEDS

Most days can you find a safe place to sleep?
 yes no doesn't know refused

Most days can you access a bathroom when you need it?
 yes no doesn't know refused

Most days can you access a shower when you need it?
 yes no doesn't know refused

Most days can you get food?
 yes no doesn't know refused

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

- yes no doesn't know refused

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

- yes no doesn't know refused

Most days can you safely store your stuff?

- yes no doesn't know refused

SECTION TWO: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

How long has it been since you 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?

- 0 times 4 times
 1 time 5 or more times
 2 times doesn't know
 3 times refused

Do you have any diagnosed, documented, disabling conditions?

- yes no doesn't know refused

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

- yes no doesn't know refused

Have you ever been evicted?

- yes no doesn't know refused

SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

In the last 6 months, how many times have you 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 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 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 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've talked to police because you witnessed a crime, were the victim 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 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 you have been homeless, have you been beaten up or assaulted?

- yes no doesn't know refused

Since you have been homeless, have you threatened to beat up or assaulted someone else?

- yes no doesn't know refused

Since you have been homeless, have you threatened to harm yourself or harmed yourself?

- yes no doesn't know refused

Since you have been homeless, has anyone threatened you with violence or made you feel unsafe?

- yes no doesn't know refused

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

- yes no doesn't know refused

Do you have any legal stuff going on right now that may result in being locked up?

- yes no doesn't know refused

Do you have any legal stuff going on right now that may result in having to pay fines or fees that you cannot afford?

- yes no doesn't know refused

Do you have any legal stuff going on right now that may impact where you could live in your housing?

- yes no doesn't know refused

Have you 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 you to do things you do not want to do?

yes no doesn't know refused

Where do you sleep most frequently?

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

Do you 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 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 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 ever gamble with money you cannot afford to lost or have debts associated with gambling?

yes no doesn't know refused

Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled?

yes no doesn't know refused

Do you 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 current homelessness was caused by a relationship that broke down?

yes no doesn't know refused

Would you say your current homelessness was caused by an unhealthy or abusive relationship?

yes no doesn't know refused

Would you say that your 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

Are you 60 years of age or older?

yes no doesn't know refused

Do you have any physical or mental health issues or cognitive issues including a brain injury that you would require assistance to access or keep housing?

yes no doesn't know refused

Are you currently pregnant?

yes no doesn't know refused

Do you use alcohol or drugs in a way that it impacts your life in a negative way most days?

yes no doesn't know refused

Do you use alcohol or drugs in a way that makes it harder to access housing?

yes no doesn't know refused

Do you 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 you should be taking but you are not taking?

yes no doesn't know refused

Are there any medications that, for whatever reason you sell instead of taking?

yes no doesn't know refused

Are there any medications that, for whatever reason you use in a way other than how it is prescribed?

yes no doesn't know refused

Are there any medications that for whatever reason you find impossible to take, forget to take or choose not to take?

yes no doesn't know refused

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

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?

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?

If that is unsuccessful, what is the next best way to reach you?

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.