

## Administration

<b>Interviewer's Name</b>	<b>Agency</b>	<b>Survey Location (D.C. or County Name):</b>
_____	_____	_____
<b>Interviewer's Work Phone Number</b>	<b>Interviewer's Work Email Address</b>	
_____	_____	
<b>Survey Date:</b> MM/DD/YYYY ____/____/_____	<b>Survey Time</b> ____ : ____ AM/PM	<b>Outreach Only: Location Coordinates</b> _____
include cross streets with quadrants (NE/NW/SE/SW)		

## Opening Script

Every assessor in our community regardless of organization completing the VI-SPDAT should use the same introductory script. That script should include the following information:

"My name is [ ] and I work for a group called [ ]. I have a 10 minute survey I would like to complete with you. The answers will help us determine how we can go about providing supports. Most questions only require a "yes" or "no." Some questions require a one-word answer. The information collected goes into the Homeless Management Information System, which will ensure that instead of going to agencies all over town to get on waiting lists, you will only have to fill out this paperwork one time. If you have a case manager who is helping you apply for housing, you should still work with them once you have finished this survey.

After the survey, I can give you some basic information about resources that could be a good fit for you. I want to make sure you know, though, that there are very few housing resources that are connected to the survey, so it's possible but unlikely that you would be housed through this process. The primary benefit to doing the survey is that it will help give you and me a better sense of your needs and what resources you might be eligible for.

Would you like to take the survey with me?"

"If at any point you don't understand what I am really asking, just let me know and I will help you understand what I want to know. Let's start with the first question..."

## Basic Information

<b>First Name</b>	<b>Nick Name</b>	<b>Last Name</b>
_____	_____	_____
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth:</b> MM/DD/YYYY ____/____/_____	<b>Age</b> _____	<b>Social Security Number</b> _____ - _____ - _____
		<b>Consent to Participate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
- Shelters  Other (specify): \_\_\_\_\_
- Transitional Housing  Safe Haven
- Couch Surfing  Refused
- Outdoors (inclusive of all places not meant for habitation, including streets, sidewalks, doorways, car, bus or subway, park or abandoned buildings)

2. How long has it been since you lived in permanent stable housing? (*in months*) \_\_\_\_\_ Refused
3. In the last three years, how many times have you been homeless? \_\_\_\_\_ Refused

## B. Risks

4. In the past six months, -- *count back with the month: "since [ ]"* -- how many times have you...
- A) Received health care at an emergency department/room? \_\_\_\_\_ Refused
- B) Taken an ambulance to the hospital? \_\_\_\_\_ Refused
- C) Been hospitalized as an inpatient? \_\_\_\_\_ Refused
- D) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_ 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 police told you that you must move along? \_\_\_\_\_ Refused
- F) Stayed one or more nights in a holding cell, jail or prison or juvenile detention, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense; or anything in between? \_\_\_\_\_ Refused
5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
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? Yes No Refused
8. Were you every incarcerated when younger than age 18? Yes No Refused
9. Does anybody force or trick you to do things that you do not want to do? Yes No Refused
10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

## C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Yes No Refused
13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes No Refused
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? Yes No Refused
15. Is your current lack of stable housing...
- A) Because you ran away from your family home, a group home or a foster home? Yes No Refused
- B) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers? Yes No Refused
- C) Because your family or friends caused you to become homeless? Yes No Refused
- D) Because of conflicts around gender identity or sexual orientation? Yes No Refused
- E) Because of violence at home between family members? Yes No Refused
- F) Because of an unhealthy or abusive relationship, either at home or elsewhere? Yes No Refused

## D. Wellness

16. Have you ever had to leave an apartment, shelter program or other place you were staying because of your physical health? Yes No Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Yes No 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? Yes No 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? Yes No Refused
20. When you are sick or not feeling well, do you avoid getting help? Yes No Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Yes No Refused
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? Yes No Refused
23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused
24. If you've ever tried marijuana, did you ever try it at age 12 or younger? Yes No Refused
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:
- A) A mental health issue or concern? Yes No Refused
- B) A past head injury? Yes No Refused
- C) A learning disability, developmental disability or other impairment? Yes No 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? Yes No Refused
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused
28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Yes No Refused

## Follow-Up Questions

Finally, I'd like to ask you some questions to help us better understand homelessness, your eligibility for certain housing programs, and to improve housing and support services.

- What is your gender? Male Female Transgender  
Other (specify): \_\_\_\_\_  
Doesn't Know Refused
- Do you identify as part of the LGBTQ (lesbian, gay, bisexual, transgender, queer community?) Yes No Refused
- Have you ever served in the U.S. military? Yes No Refused
- What is your citizenship status? Citizen Permanent Legal Resident Undocumented  
Asylee, Refugee or Other Eligible Immigrant Refused
- Have you ever been in foster care? Yes No Refused  
 If so, have you aged out of foster care? Yes No Refused
- Have you ever been in jail or prison? Yes No Refused

What kind of health insurance do you have, if any?  
(select all that apply)

- Medicaid  Medicare  VA Medical Services  Private Pay
- State Health Insurance Program for Adults
- State Children's Health Insurance Program
- Employer Provided Health Insurance  None
- Other (specify): \_\_\_\_\_

Have you ever spoken with a psychiatrist, psychologist or other mental health professional?

- Yes  No  Refused

How long have you been away from your family? (in months) \_\_\_\_\_

- Refused

There are some housing options that are shared, like with a roommate. Would you be interested in anything like that?

- Yes  No  Refused

On a regular day, where is it easiest to find you and what time of day is easiest to do so?  
(If someone really needed to contact you about an important issue, where and when would they find you?)

*Surveyor: please collect multiple locations and the individual's schedule, including where they sleep, when they arrive each night, when they leave each morning, where they obtain meals, and where they reside during the day*

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

Do you have any other agencies or case workers that might be able to get in touch with you?

Agency Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Staff Name(s): \_\_\_\_\_ Email: \_\_\_\_\_

Select the three services you believe you need most right now:  
(rank by priority 1, priority 2, and priority 3)

- Housing  Employment  Family Counseling
- Clothing  Health Services  Legal Services
- Education  Mental Health  Transportation
- Other (specify): \_\_\_\_\_

"It's important to have the most current information to be able to get in touch with you if there is a housing opportunity that becomes available. In the meantime, do you have any of your vital documents that I can copy for the purposes of housing?" (On coordinatedentry.com, there is a guide on how to start the process of gathering an individual's vital documents)