

Stanislaus Community System of Care Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

Transition Age Youth (Ages 13 – 24)

PLEASE USE THE BELOW SCRIPT FOR BEGINNING THE INTERVIEW

My name is _____ and I am with _____.

I am going to be asking you some questions in order to determine how we are best able to assist you. It normally takes about 7 minutes to complete. The questions only need a **yes or no answer**. I know it might be hard to answer some questions with a yes or no, but please do your best. You are able to skip or refuse to answer any question that I ask, but also understand that if you do, we might be limited in the assistance we can give you.

All of this information is confidential and treated as such. I have a release form for you to sign that will allow me to discuss your information with other people who can help me assist you.

If you do not understand a question please let me know and I will do my best to explain it you. Finally, I need you to answer the question honestly. There is no right or wrong answer—and there really is no answer that we are looking for here. We are just trying to get to know you and the best way we are able to help you.

Administration

Interviewer's Name

Agency

Survey Location: (check one)

- Access Center
- Access Point

- Multi-Sector Outreach & Engagement Team
- 2-1-1

Survey Date

Survey Time

Survey Location Details/Address

__ __ : __ __ AM/PM

Basic Information

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

How do you define your gender?

Male Female Transgender Non-Conforming (i.e. not exclusively male or female)

Are you a veteran?

Yes No

Ethnicity

Hispanic/Latino Not Hispanic/Latino

Race (check all that apply)

White American Indian/Alaska Native Native Hawaiian/Pacific Islander Black/African American

Asian Other _____

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
 - Shelters
 - Outdoors
 - Transitional Housing
 - Other (specify) _____
 - Safe Haven
 - Refused
 - Couch Surfing
2. How long has it been since you lived in permanent stable housing?
 _____ Days _____ Weeks _____ Months _____ Years _____ Refused
3. In the last three years, how many times have you been homeless? _____ Refused

B. Risks

4. In the past six months, 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 the police told you that you must move along? _____ Refused
 - f. 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 more serious offence, 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 ever incarcerated when younger than 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, 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, a pension, an inheritance, 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 member? 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 used 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:
- g. A mental health issue or concern? Yes No Refused
 - h. A past head injury? Yes No Refused
 - i. 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

PLEASE MAKE NOTES OF WHERE THE INDIVIDUAL CAN BE FOUND

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: _____ Time: __:__ or Morning/Afternoon/Evening
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	Phone: (____) _____ - _____ Email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused