

**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?

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

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?

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

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

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

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

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

0 times  4 times  
 1 time  5 or more times  
 2 times  doesn't know  
 3 times  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	<input type="checkbox"/> yes	<input type="checkbox"/> No
MEDICARE	<input type="checkbox"/> yes	<input type="checkbox"/> No
VA Medical	<input type="checkbox"/> yes	<input type="checkbox"/> No
Private Insurance	<input type="checkbox"/> yes	<input type="checkbox"/> No
No Insurance	<input type="checkbox"/> yes	<input type="checkbox"/> No
Other Non-Cash Benefit	<input type="checkbox"/> yes	<input type="checkbox"/> No

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

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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](http://www.sanjoaquinccoc.org).**