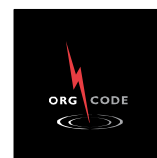


Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Individuals

GENERAL INFORMATION/CONSENT

1. Client's First Name	2. Client's Last Name
3. Interviewer's First Name	4. Interviewer's Last Name
5. Interviewer's Email	6. Interviewer's Phone Number
6a. Has this client signed a release of information?	<input type="checkbox"/> Yes <input type="checkbox"/> Refuse
7. When was this survey conducted? ____ / ____ / ____ Time: ____	8. Referring Agency: <i>If applicable</i>
9. Location of Survey:	9a. County Where Survey was Completed: (Circle One) Adams Arapahoe Boulder Broomfield Denver Douglas Jefferson
10. In what language do you feel best able to express yourself?	
11. Unique Client Identifier:	12. Social Security Number
13. How old are you?	14. Birth Month/Year: ____ / ____ / ____
If 60 years or older, then score 1.	
Prescreen Score	
PRE-SCREEN GENERAL INFORMATION SUBTOTAL	



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Individuals

A. HISTORY OF HOUSING & HOMELESSNESS

QUESTIONS			
If the person has experienced 24 or more cumulative months of homelessness, and/or 4+ episodes of homelessness, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. How many months have you lived on the streets, in shelters or in a Safe Haven?		<input type="checkbox"/>	
2. In the past three years, how many separate times have you been homeless and then housed again?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	
PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL			
3. In the past three years, what is the total number of months you have been homeless (living on the street, in Emergency Shelters or Safe Haven)?		<input type="checkbox"/>	
4. During the last three years, have you been continuously homeless for at least a year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't know	<input type="checkbox"/>	

B. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

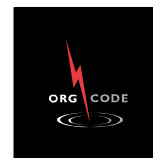
NOTE: The following questions can relate to hospitalizations or ER visits due to either mental health or physical health (e.g., psychiatric facilities, state emergency health and mental health services)

QUESTIONS			
If the total number of interactions across questions 1, 2, 3, 4 and 5 is equal to or greater than 4, then score 1.	RESPONSE	REFUSED	Prescreen Score
1. In the past six months, how many times have you been to the emergency department/room?		<input type="checkbox"/>	
2. In the past six months, how many times have you had an interaction with the police? INTERACTIONS INCLUDE: being a victim of a crime - providing a witness statement to the police - being investigated or questioned by the police for allegedly breaking a law - police requesting identification and using that information to search in a police database (e.g., warrant check) - being detained by the police		<input type="checkbox"/>	
3. In the past six months, how many times have you been taken to the hospital in an ambulance? (Please note that this includes psychiatric facilities as well.)		<input type="checkbox"/>	
4. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?		<input type="checkbox"/>	
5. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?		<input type="checkbox"/>	
If YES to questions 6 or 7, then score 1.	YES	NO	REFUSED
			Prescreen Score

100,000 HOMES

For 100,000 homeless individuals and families

POWERED BY COMMUNITY SOLUTIONS



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Individuals

6. Have you been attacked or beaten up since becoming homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you threatened to or tried to harm yourself or anyone else in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 8, then score 1.	YES	NO	REFUSED	Prescreen Score
8. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 9 or 10; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 11, then score 1.	YES	NO	REFUSED	Prescreen Score
9. Does anybody force or trick you to do things that you do not want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)	<input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY):			
PRE-SCREEN RISKS SUBTOTAL				

C. SOCIALIZATION & DAILY FUNCTIONS

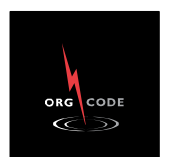
QUESTIONS				
If YES to question 1 or NO to questions 2 or 3, score 1.	YES	NO	REFUSED	Prescreen Score
1. Is there anybody that thinks you owe them money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you have any money coming in on a regular basis, through a job or government benefit or even working under the table, dumpster diving or bottle collecting, sex work, odd jobs, day labor, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you have enough money to cover all of your expenses each month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If NO to question 4, score 1.	YES	NO	REFUSED	Prescreen Score
4. Do you have planned activities each day other than just surviving that bring happiness and fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to questions 5 or 6, score 1.	YES	NO	REFUSED	Prescreen Score
5. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do any friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVE ONLY. DO NOT ASK! If YES, score 1.	YES	NO		Prescreen Score
7. Surveyor, do you detect signs of poor hygiene or daily living skills?	<input type="checkbox"/>	<input type="checkbox"/>		
PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL				



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Individuals

D. WELLNESS

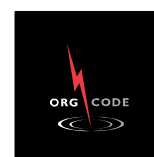
QUESTIONS				
If Does Not Go For Care, score 1.	RESPONSE			Prescreen Score
1. Where do you usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care			
For EACH YES response in questions 2 through 5 (Medical Conditions), score 1.				
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions:	YES	NO	REFUSED	Medical Conditions
2. Kidney disease/End Stage Renal Disease or Dialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Several cases of frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Liver disease, Cirrhosis, or End-Stage Liver Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. HIV+/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to any of the conditions in questions 6 to 14, then mark "X" in Other Medical Condition column.	YES	NO	REFUSED	Other Medical Conditions
6. History of Heat Stroke/Heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Heart disease, Arrhythmia, or Irregular Heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK:				
14. Surveyor, do you observe signs or symptoms of a serious physical health condition?	<input type="checkbox"/>	<input type="checkbox"/>		



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Individuals

If any response is YES in questions 15 through 21, score 1 in the Substance Use column.	YES	NO	REFUSED	Substance Use
15. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Have you consumed alcohol every day for the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Have you ever used injection drugs or shots in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Have you blacked out because of alcohol or drug use in the past month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 21. Surveyor, do you observe signs or symptoms or problematic alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>		
If any response is YES in questions 22 through 28, score 1 in the Mental Health Column.	YES	NO	REFUSED	Mental Health
22. Have you ever been taken to a hospital against your will for a mental health reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Have you ever gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Have you had a serious brain injury or head trauma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Have you ever been told you have a learning disability or developmental disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Do you have any problems concentrating and/or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: 28. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	<input type="checkbox"/>	<input type="checkbox"/>		
If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity.				Tri-Morbidity

If YES to question 29, score 1.	YES	NO	REFUSED	Prescreen Score
29. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions was never filled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If YES to question 30, score 1.	YES	NO	REFUSED	Prescreen Score
30. Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PRE-SCREEN WELLNESS SUBTOTAL				



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)
Prescreen for Individuals

SCORING SUMMARY

DOMAIN	SUBTOTAL	
GENERAL INFORMATION		<p>If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p>
A. HISTORY OF HOUSING AND HOMELESSNESS		
B. RISKS		
C. SOCIALIZATION AND DAILY FUNCTIONS		
D. WELLNESS		
PRE-SCREEN TOTAL		

E. DEMOGRAPHIC INFORMATION

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

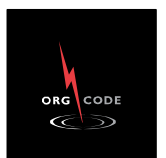
1. What is your race?	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
2. What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
3. What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender male to female <input type="checkbox"/> Transgender female to male <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____
4. Do you have any children under 18 who are living with you now?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
5. Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
6. Have you been in jail or prison during the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
7. Have you ever served in the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
<i>If yes, in which war/war era did you serve?</i>	<input type="checkbox"/> Theatre of Operations: World War II (1940-45) <input type="checkbox"/> Theatre of Operations: Korean War (June 1950-January 1955) <input type="checkbox"/> Theatre of Operations: Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July1991) <input type="checkbox"/> Theatre of Operations: Persian Gulf (August 1991-Present) <input type="checkbox"/> Theatre of Operations: Afghanistan (2001-Present) <input type="checkbox"/> Theatre of Operations: Iraq (2003-Present) <input type="checkbox"/> Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo) <input type="checkbox"/> Doesn't Know



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Individuals

	<input type="checkbox"/> Refused <input type="checkbox"/> Other (Specify)
<i>If yes, was your active duty status before 1980?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<i>If yes, how many consecutive months were you on active duty?</i>	
<i>If yes, what was the character of the discharge?</i>	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under Other than Honorable (OTH) <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
1. Where did you live prior to becoming homeless?	<input type="checkbox"/> Adams County <input type="checkbox"/> Arapahoe County <input type="checkbox"/> Broomfield County <input type="checkbox"/> Boulder County <input type="checkbox"/> Denver County <input type="checkbox"/> Douglas County <input type="checkbox"/> Jefferson County <input type="checkbox"/> Other part of Colorado <input type="checkbox"/> Outside of Colorado <input type="checkbox"/> Other (specify) _____
2. Do you have a permanent physical disability that limits mobility? [i.e., wheelchair, amputation, unable to climb stairs]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
3. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> VA Medical Services <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained through COBRA <input type="checkbox"/> State Health Insurance for Adults (use local name) <input type="checkbox"/> CICIP – Colorado Indigent Care Program <input type="checkbox"/> None <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused
Is this person HUD defined "literally homeless"? <u>Literally homeless</u> is defined as individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a <u>public or private place not meant for human habitation</u> is living in a publicly or privately operated <u>shelter designed to provide temporary living arrangements</u> . This category also includes individuals who are exiting an institution where he or she resided for 90 days or less who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into the institution. People living with friends/family, in transitional housing, or in hotels (self-paid) do not meet this definition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, does this person meet the HUD definition of Chronic Homelessness? <u>Chronically Homeless</u> is a person who has been literally homeless for the past year or has had at least four episodes (and a total of at least 12 months) of being literally homeless in the past three years; AND have a disabling condition (for families, head of household has a disabling condition), including a substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, brain injury, or chronic physical illness or disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No



Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Individuals

F. CONTACT INFORMATION

1. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator – be able to find you easily, help collect housing documents and accompany you to housing application appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
2. If yes, what is his/her name?	
3. What agency do they work for?	
4. What is their phone number?	
5. What is their email address?	
6. Do you have any person, or agency, in the community with whom you have a high degree of confidence and trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
7. If yes, please name the person/agency?	
8. Do you have a phone number, email or place you receive messages so that we can contact you? (Please note contact information here.)	
9. SURVEYOR (DO NOT ASK): Are you (or someone in your agency) willing/able to be the system navigator for this person, if they are selected to move forward toward housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No