

## Administration

<b>Surveyor's Name</b> _____	<b>Agency</b> _____	<input type="checkbox"/> Other	<input type="checkbox"/> Volunteer	<b>Unique Client Identifier (UCI)</b> <b>F</b> _____
<b>Surveyor's Phone Number</b> _____	<b>Surveyor's Email</b> _____	<input type="checkbox"/> Team	<input type="checkbox"/> Staff	<small>SPDAT + Agency + Date+ Surveyor + Sequence # Type Initials MMDDYY Initials</small>
<b>Survey Location</b> _____				<b>County Survey Was Completed (circle one):</b>  Adams      Arapahoe      Boulder  Broomfield      Denver      Douglas  Jefferson
<b>Survey Date</b> DD/MM/YYYY ____/____/____	<b>Survey Time</b> __ : __ AM/PM			

## Opening Script

The VISPDAT is an assessment tool that is used to match families with available and appropriate housing opportunities based on each participating family's unique circumstances and experiences. Please understand that completing this assessment is NOT a guarantee that you and your family will receive housing. As we go through the assessment, you have the right to refuse or skip any questions. However, please know that there is no right or wrong answer and that complete and accurate information will only work in your favor in connecting you with the resources that best fit the needs of your family. The information that you provide is stored securely both electronically and here on site. As we proceed through the assessment, please feel free to stop me at any time if you have questions, would like clarification for a question I am asking you, or if you need a break.

## Basic Household Information

PARENT 1

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

<b>What is your race?</b>	<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		
<b>What is your ethnicity?</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino	<input type="checkbox"/> Hispanic/Latino	
	<input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		
<b>What is your gender?</b>	<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"/> Non-binary	<input type="checkbox"/> Doesn't Know	
	<input type="checkbox"/> Refused	<input type="checkbox"/> Other: _____	

Is there a second parent currently part of the household?  Y  N

<b>PARENT 2</b>	<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
	_____		
	<b>In what language do you feel best able to express yourself?</b> _____		
	<b>Date of Birth</b>	<b>Do you have a Disability?</b>	<b>Social Security #</b>
DD/MM/YYYY _____/____/_____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What is your race?</b>	<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		
<b>What is your ethnicity?</b>	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		
<b>What is your gender?</b>	<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"/> Non-binary <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____		

1. **IF HOUSEHOLD INCLUDES A FEMALE:** Is there any member of the family currently pregnant? \_\_\_\_\_  Refused

**IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OR OLDER, THEN SCORE 1.**

**SCORE:**

## Children

- 2. How many children under the age of 18 are currently living with you? \_\_\_\_\_  Refused
- 3. 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? \_\_\_\_\_  Refused
- Do any of the children (under the age of 18), have a disability? \_\_\_\_\_  Refused
- If yes, how many? \_\_\_\_\_  Refused
- 4. What is the age of the youngest child currently living with you? \_\_\_\_\_  Refused

**IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE.**

**IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A**

**CURRENT PREGNANCY, THEN SCORE 1 FOR FAMILY SIZE**

**SCORE:**

### A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (Circle One)

- |                        |                             |                   |
|------------------------|-----------------------------|-------------------|
| <b>Shelter</b>         | <b>Transitional Housing</b> | <b>Safe Haven</b> |
| Couch Surfing          | Outdoors                    | Refused           |
| Other (Specify): _____ |                             |                   |

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER” “TRANSITIONAL HOUSING”, OR “SAFE HAVEN” THEN SCORE 1.** **SCORE:**

6. How long has it been since your family lived in permanent stable housing? \_\_\_\_\_ Refused

7. In the last three years, how many times have you and your family been homeless? \_\_\_\_\_ Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1** **SCORE:**

### B. Risks

8. In the past six months, how many times have you or anyone in your family...
- 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, prison or juvenile detention, whether it was a short-term stay like detox, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_ Refused

**If the total number of interactions equals 4 or more, then score 1 for EMERGENCY SERVICE USE.** **SCORE:**

9. Have you or anyone in your family been attacked or beaten up since you’ve become homeless?  Y  N  Refused

10. Have you or anyone in your family threatened or tried to harm yourself or anyone else in the last year?  Y  N  Refused

**If “YES” TO QUESTION 9 OR 10, THEN SCORE 1 FOR RISK OF HARM** **SCORE:**

11. Do you or anyone in your family 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?

Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

12. Does anybody force or trick you or anyone in your family to do things that you do not want to do?

Y  N  Refused

13. Do you or anyone in your family 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?

Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION

SCORE:

### C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

Y  N  Refused

15. Do you or anyone in your family get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?

Y  N  Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT

SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make you feel happy and fulfilled?

Y  N  Refused

IF "NO" THEN SCORE 1 FOR MEANINGFUL DAILY FUNCTION

SCORE:

17. Is everyone in your family 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?

Y  N  Refused

IF "NO" THEN SCORE 1 FOR SELF-CARE

SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?

Y  N  Refused

If "YES" TO QUESTION 18, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

### D. Wellness

19. Has your family ever had to leave an apartment, shelter program or other place you were staying because of the physical health of you or someone in your family?  Y  N  Refused
20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
21. If there was space available in a program that specifically assists people that live with AIDS or HIV would that be of interest to you or anyone in your family?  Y  N  Refused
22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard for you to live independently because you'd need help?  Y  N  Refused
23. When someone in your family is sick or not feeling well, do you avoid getting medical help?  Y  N  Refused

If "YES" TO QUESTIONS 19-23, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

24. Has drinking or drug use by you or anyone in your family led you to being kicked out of an apartment or program where you were staying in the past?  Y  N  Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?  Y  N  Refused

If "YES" TO 24 OR 25, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

26. Has your family 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?  Y  N  Refused
- b) A past head injury?  Y  N  Refused
- c) A learning disability, developmental disability or other impairment?  Y  N  Refused
27. Do you or anyone in your family have any mental health or brain issues that would make it hard for you to live independently because you'd need help?  Y  N  Refused

If "YES" TO QUESTION 26 OR 27, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Does any single member of your household have a medical condition, mental health concern **AND** experience with problematic substance use?  Y  N  Refused

**IF RESPONDENT SCORED 1 FOR PHYSICAL HEALTH, 1 FOR SUBSTANCE AND 1 FOR MENTAL HEALTH SCORE 1 FOR TRI-MORBIDITY. SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason you are not taking?  Y  N  Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

**If "YES" TO QUESTIONS 29 OR 30, THEN SCORE 1 FOR MEDICATION SCORE:**

31. YES OR NO: Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experiences?

**If "YES" TO QUESTION 31, THEN SCORE 1 FOR ABUSE AND TRAUMA. SCORE:**

32. Are there any children that have been removed from the family by child protection services within the last 180 days?  Y  N  Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your household?  Y  N  Refused

**If "YES" TO QUESTIONS 32 OR 33, THEN SCORE 1 FOR FAMILY LEGAL ISSUES. SCORE:**

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?  Y  N  Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?  Y  N  Refused

36. IF THERE ARE SCHOOL AGED CHILDREN: Do your children attend school more often than not each week?  Y  N  Refused

**If "YES" TO QUESTIONS 36 or 37 OR "NO" TO QUESTION 38, THEN SCORE 1 FOR NEEDS OF CHILDREN. SCORE:**

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for the military service or incarceration, a relative moving in, or anything like that?  Y  N  Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?  Y  N  Refused

**If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR FAMILY STABILITY. SCORE:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting family, watching a family movie, or anything like that?  Y  N  Refused
40. After school, or on weekends or days when there isn't school, what is the total time children spend each day where there is no interaction with yourself or another responsible adult?
- a. 3 or more hours per day for children aged 13 or older?  Y  N  Refused
- b. 2 or more hours per day for children aged 12 or younger?  Y  N  Refused
41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER AND 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?  Y  N  Refused

If "NO" TO QUESTIONS 39 or OR "YES" TO QUESTION 40 OR 41, THEN SCORE 1 FOR PARENTAL ENGAGEMENT. SCORE:

## Additional Questions

Do you have any open child welfare cases?  Y  N  Don't Know  Refused

Are there any other adults in the home, (besides parent 1 or parent 2) with a disability?

Y  N  Don't Know  Refused

If yes, how many adults? \_\_\_\_\_

Has any member of the household ever served in the U.S. military?  Y  N  Don't Know  Refused

In what county(ies) are you currently receiving services? (circle all that apply)

**Broomfield**   **Denver**   **Douglas**  
**Jefferson**   **Arapahoe**   **Adams**   **Boulder**

Where were you living prior to becoming homeless? (city, county, state)? \_\_\_\_\_

How long have you been living in the Denver Metro Area (in months) \_\_\_\_\_

## HUD "Literal Homeless" Definition

Literally homeless 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 public or private place not meant for human habitation is living in a publicly or privately operated shelter designed to provide temporary living arrangements. 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.

Is this person HUD defined "literally homeless"?  Y  N  Don't Know

## HUD "Chronic Homeless" Definition

Chronically Homeless 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, posttraumatic stress disorder, brain injury, or chronic physical illness or disability.

If YES, does this person meet the HUD definition of Chronic Homelessness?  Y  N  Don't Know

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?

Y  N  Don't Know

### Contact Information

On a regular day, where is it easiest to find you? \_\_\_\_\_

What time of day? \_\_\_\_ : \_\_\_\_ AM/PM  Morning  Afternoon  Evening  Night

Is there a phone number where someone can get in touch with you or leave a message? \_\_\_\_\_

Do you have an email address? If so, please list \_\_\_\_\_

Do you have any close friends or family members that you trust who we can communicate with to be able to find you easily?  Y  N  Refused

If yes, Family/Friend Name? phone number? Email? \_\_\_\_\_

Do you have a case worker or agency, in the community with whom you have a high degree of confidence and trust?  Y  N  Refused

If yes, agency? Name? phone number? Email? \_\_\_\_\_

### Scoring Summary

PRE-SURVEY		SCORE
A. History of Housing & Homelessness		/2
B. Risks		/4
C. Socialization and Daily Functions		/4
D. Wellness		/6
E. Family Unit		/4
<b>GRAND TOTAL:</b>		<b>/22</b>

**RESULTS**

**Score: Recommendation:**

**0-3:** no moderate or high intensity services provided at this time

**4-8:** assessment for time-limited supports with moderate intensity

**9+:** assessment for long-term housing with high service intensity