

## Administration

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

## Opening Script

Hi. My name is \_\_\_\_\_ and I'm from \_\_\_\_\_ (agency). I would like to ask you some questions about your current situation. There are a wide range of services available to youth experiencing homelessness and this survey will help us determine which services for which you may be eligible. It will take about fifteen minutes for us to complete the survey. I will ask only yes or no questions and you don't need to explain your answers. If there is a question you don't want to answer, you can refuse and we will skip the question. If there is a question you don't understand, I can try and clarify it for you. There are no right or wrong answers, and we encourage you to be honest in answering the questions in order to receive the most appropriate help.

The information you provide will be securely stored and tracked by, \_\_\_\_\_ (agency) so that we can help you get connected with services. We will also use your survey responses to help us design a system to coordinate services across the Denver Metro area for youth like you, but your name and other private information will not be shared outside this system.

## Basic Information

<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>Age</b> _____	

<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: _____

IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.

SCORE:

### A. History of Housing and Homelessness

1. Where do you sleep most frequently? (Circle One)

Shelter

Transitional Housing

Safe Haven

**Outdoors**

**Couch Surfing**

Refused

**Other (Specify):** \_\_\_\_\_

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER" "TRANSITIONAL HOUSING", OR "SAFE HAVEN" THEN SCORE 1.

SCORE:

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

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

SCORE:

### 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, 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 IS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE

SCORE:

5. Have you been attacked or beaten up since you've become homeless?  Y  N  Refused

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

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

SCORE:

- 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?  Y  N  Refused
- 8. Were you ever in the Department of Youth Corrections (DYC) when you were younger than age 18?  Y  N  Refused

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

- 9. Does anybody force or trick you to do things that you do not want to do?  Y  N  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?  Y  N  Refused

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

### 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?  Y  N  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?  Y  N  Refused

**IF "YES" TO Question 11 or "NO" to Question 12, then SCORE 1 FOR MONEY MANAGEMENT** **SCORE:**

- 13. Do you 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:**

- 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?  Y  N  Refused

**IF "NO" then SCORE 1 FOR SELF-CARE** **SCORE:**

- 15. Is your current lack of stable housing...
  - a) Because you ran away from your family home, a group home or a foster home?  Y  N  Refused
  - b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  Y  N  Refused
  - c) Because your family or friends caused you to become homeless?  Y  N  Refused
  - d) Because of conflicts around gender identity or sexual orientation?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

- e) Because of violence at home between family members?  Y  N  Refused  
 f) Because of an unhealthy or abusive relationship, either at home or elsewhere?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR ABUSE/TRAUMA.

SCORE:

## D. Wellness

16. Have you ever had to leave an apartment, shelter program or other place you were staying because of your physical health?  Y  N  Refused  
 17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused  
 18. If there was a space available in a program that specifically assists people that live with AIDS or HIV would that be of interest to you?  Y  N  Refused  
 19. Do you 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  
 20. When you are sick or not feeling well, do you avoid getting medical help?  Y  N  Refused  
 21. Are you currently, have you ever been or have you ever gotten someone pregnant?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

SCORE:

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?  Y  N  Refused  
 23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused  
 24. If you've ever used marijuana, did you ever try it at age 12 or younger?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

SCORE:

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?  Y  N  Refused  
 b) A past head injury?  Y  N  Refused  
 c) A learning disability, developmental disability or other impairment?  Y  N  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?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

SCORE:

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

- 27. Are there any medications that a doctor said you should be taking that, for whatever reason you are not taking?  Y  N  Refused
- 28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?  Y  N  Refused

If "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MEDICATIONS. SCORE:

### Additional Questions

The following questions were approved by the Youth Coordinated Assessment Team. These questions are for information purposes only and not scored as part of the overall assessment, but may be used in prioritizing Youth for available services.

- Have you ever been in foster care or placed out of your home by a caseworker?  Y  N  Refused
- Have you ever engaged in a sexual act for something of value, such as money, food, housing, gifts or favors?  Y  N  Refused
- Are you a survivor of domestic or intimate partner violence?  Y  N  Refused
- Are you currently fleeing?  Y  N  Refused
- Have you ever served in the U.S. Military?  Y  N  Refused

How many children are currently or will soon be in your custody? \_\_\_\_\_

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 Are (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? \_\_\_\_\_

If yes, can we text to that phone number? \_\_\_\_\_

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

Do you have a social media account that we can contact you through?  Y  N  Refused

If yes, please provide appropriate detail by which to contact you. \_\_\_\_\_

Is there an agency or community provider that you trust?  Y  N  Refused

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

## Scoring Summary

### RESULTS

<b>PRE-SURVEY</b>	<b>/1</b>
<b>A. History of Housing &amp; Homelessness</b>	<b>/2</b>
<b>B. Risks</b>	<b>/4</b>
<b>C. Social and Daily Functions</b>	<b>/4</b>
<b>D. Wellness</b>	<b>/6</b>
<b>GRAND TOTAL:</b>	<b>/17</b>

**Score: Recommendation:**

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

**4-7:** assessment for time-limited supports with moderate intensity

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