

**Prevention / Re-Housing
Vulnerability Index -
Service Prioritization Decision Assistance Tool
(PR-VI-SPDAT)**

Prevention/Re-Housing Prescreen Tool for Families

To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. Types of dwellings that count as "housed" for this tool are:

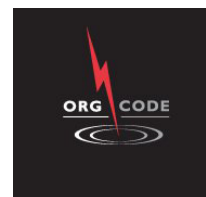
- *An apartment that is in their name (legally permitted to stay there)*
- *A home that they own*
- *The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)*

VERSION 1.0

AMERICAN EDITION

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Administration

Interviewer's Name	Agency	<input type="checkbox"/> Team
_____	_____	<input type="checkbox"/> Staff
		<input type="checkbox"/> Volunteer
Survey Date	Survey Time	Survey Location
DD/MM/YYYY ___/___/____	___:___ AM PM	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

FAMILY HEAD 1	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
FAMILY HEAD 2	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ___/___/____	_____	_____
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> No second parent currently part of the household			
FAMILY HEAD 2	First Name	Nickname	Last Name

	In what language do you feel best able to express yourself? _____		
FAMILY HEAD 2	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ___/___/____	_____	_____
			<input type="checkbox"/> Yes <input type="checkbox"/> No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, SCORE 1.	SCORE: <input style="width: 50px; height: 20px;" type="text"/>
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Household Composition

1. How many children under the age of 18 are currently with you? _____ Refused
2. 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
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1.

SCORE:

Safety

I want to start by asking you some questions about your safety in your current location.

5. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend? Y N Refused
6. Have you or any member of your family experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live? Y N Refused

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

SCORE:

7. Is your current situation in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused
8. I do not need any details, just a **YES or NO:** is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you or anyone in your family has experienced? Y N Refused

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

SCORE:

Long Term Housing Stability

Now, let's examine some of the other life areas that might impact long term housing stability.

9. Does anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to stay housed? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

10. Does anyone in your family do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

11. Have you or any member of your family harmed yourself or anyone else in the last six months? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

12. Is anyone currently forcing you or any member of your family to do something they don't want to do? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

History of Housing and Homelessness

13. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live? Y N Refused

a) IF YES: How many times has that occurred in the last three years? ___ Refused

b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years? ___ Refused

IF "YES" AND 3+ TIMES AND/OR 6+ MONTHS, THEN SCORE 3.

SCORE:

14. In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

15. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police? _____ Refused

IF 4+ COMPLAINTS, THEN SCORE 1.

SCORE:

16. Do any of the following issues make it hard for you to find or stay in permanent housing or connect with other resources that can help you do that:

- a) Accessible housing because you or another member of your family has a disability that requires a special type of housing? **Y** N Refused
- b) A poor credit history? **Y** N Refused
- c) Restrictions on where you can live because of legal stuff in the life of any family member? **Y** N Refused
- d) Special school programming required for any of the children? **Y** N Refused
- e) No references for your housing or poor references on your housing history? **Y** N Refused
- f) Difficulties understanding or communicating in English? **Y** N Refused
- g) Difficulties with math that make it hard to budget or take care of your finances? **Y** N Refused
- h) Safety issues which may include keeping where you live unknown to a past abuser? **Y** N Refused

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.

SCORE:

17. Are you and your family currently overcrowded (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding? **Y** N Refused

IF "YES," THEN SCORE 1.

SCORE:

18. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months if that is legally possible? Y **N** Refused

IF "NO," THEN SCORE 1.

SCORE:

Personal Administration & Money Management

19. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the CRA that thinks you or anyone in your family owes them money? Y N Refused

a) IF YES: What is the total amount of money that others think is owed? _____ Refused

IF THE TOTAL VALUE IS \$1,000+, THEN SCORE 1.

SCORE:

20. Do you get any money or assistance from the government like Income Support/Welfare, Disability Benefits, or do you have a pension (CPP), inheritance, get money from a regular job or working under the table, or anything like that? Y N Refused

a) IF YES: What is the next date you **know** you will receive money? _____ Refused

b) IF YES: What is the total amount you will expect to receive? _____ Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY **AND/OR** THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.

SCORE:

21. What is the total amount of money you and your family currently has, including any money in the bank or investments? _____ Refused

IF THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.

SCORE:

22. Is there anyone currently helping you manage your finances, like a payee, guardianship, or trustee, because a judge or the government said you have to? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

23. In the last year, how many times have you received a cash advance or loan from a business, bank, or person, where you have not repaid the full amount **and** the interest owed is 15% or more? ____ Refused

IF 3+ TIMES, THEN SCORE 1.

SCORE:

24. Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to? Y N Refused

IF "YES," THEN SCORE 1.

SCORE:

Meaningful Daily Activity

25. Does everyone in your family have planned activities, other than just surviving, that makes them feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1.

SCORE:

Self Care and Daily Living Skills

26. 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.

SCORE:

Interactions with Emergency Services

27. 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they 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 a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4+, THEN SCORE 1.

SCORE:

Wellness

- 28. Have you or your family ever had to leave an apartment, residential program, or other place you were staying because of your physical health? Y N Refused
- 29. Do you or any member of your family have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed? Y N Refused
- 30. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed? Y N Refused
- 31. When you or a family member is sick, do you avoid getting medical help? Y N Refused

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

SCORE:

32. Has the drinking or drug use of anyone in your family caused you to being kicked out of an apartment or residential program or other place in the past? Y N Refused

33. Does drinking or drug use make it difficult to stay housed or afford your housing? Y N Refused

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

SCORE:

34. Have you or anyone in your family ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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

35. Do you or anyone in your family have any mental health or brain issues that make it hard for you to live independently because help is needed? Y N Refused

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

SCORE:

36. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Is it the same person in your family that has a medical condition, mental health concern or brain injury, and has experience with problematic substance use? Y N N/A or Refused

IF "YES", SCORE 1.

SCORE:

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

38. Are there any medications like painkillers that you or anyone in your family does not take the way the doctor prescribed or where the medication is sold? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1.

SCORE:

Family Unit Considerations

39. Are there any children that have been removed from the family by a child protection service within the last 6 months? Y N Refused

40. 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 housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1.

SCORE:

41. In the last 6 months have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

IF "YES," SCORE 1. **SCORE:**

42. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

43. Have the members of your family changed in the last 6 months, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

44. Do you anticipate any other adults or children coming to live with you within the next 6 months? **Y** N Refused

IF "NO" TO 42 OR "YES" TO 43 OR 44, SCORE 1. **SCORE:**

45. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

46. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 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 N/A or Refused

47. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you 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

IF "NO" TO 45, OR "YES" TO 46 OR 47, SCORE 1. **SCORE:**

Scoring Summary

TOTAL	SCORE	RECOMMENDATION
	22+:	STRONG RECOMMENDATION FOR FINANCIAL AND CASE MANAGEMENT SUPPORTS
	16-21:	RECOMMENDATION FOR FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	11-15:	AS RESOURCES ALLOW, CONSIDER FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	0-10:	NO ASSISTANCE PROVIDED; MAY, HOWEVER, PROVIDE REFERRAL TO MAINSTREAM RESOURCES