

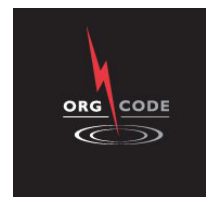
**Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(VI-SPDAT)**

**Prescreen Triage Tool for Single Adults**

**AMERICAN VERSION 2.0**

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**COMMUNITY  
SOLUTIONS**



## Administration

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

## 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 or the assessor does not understand the 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

<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>Social Security Number</b> _____
		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

**SCORE:**

Agency use only: File _____ ID _____
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# SERVICE POINT

## Authorization for use and disclosure of protected health information

This form documents my permission for \_\_\_\_\_ [Insert Agency Name] to share my Service Point records, which contain information about me called “protected health information”, with other organizations that use the Service Point system to exchange information. The purpose of sharing my Service Point records is to help Service Point organizations more quickly determine what services I need and whether I am eligible for those services by not having to collect the same information from me again, and to coordinate the delivery of services that are provided to me.

I understand that if I sign this consent/authorization and information is disclosed to another agency, the information may lose protection it would otherwise have under Health Insurance Portability and Accountability Act (HIPAA - a federal law that protects certain health information about me). I further understand that each current and future participating Service Point organization that will have access to my Service Point records will have signed a written contract that promises they will only use my information for the purposes stated above and will not release it to anyone else.

I understand that if I do not sign this form, it will not change whether or not I can receive services from \_\_\_\_\_ [Insert Agency Name] or any other Service Point organization.

I understand that this authorization is good for three years from the date of my signature below unless I withdraw it by giving a written request to \_\_\_\_\_ [Insert Agency Name], which I may do at any time. If I withdraw this authorization in the future, I understand that it will not change the fact that my Service Point records were shared before that date.

I agree to allow \_\_\_\_\_ [Insert Agency Name] to share my Service Point records with people who work as employees, contractors, consultants or volunteers at the organizations that use the Service Point system. I understand a list of these agencies is available upon request.

I understand that additional organizations may join Service Point at any time and will also have access to my Service Point records for the previously stated purpose of coordinating access and delivery of services to me. I understand that upon my request any Service Point agency will furnish me with an updated copy of all participating agencies.

My Service Point records may include information about me and my household such as name, address, employment, gender and age, about non-health services such as food, clothing, housing and financial assistance, about medical and mental health conditions, substance abuse treatment, and domestic violence issues that I currently have or have

received treatment for in the past, and about services that I receive from Service Point organizations.

Oklahoma law requires the following statement on this form: **“Health information authorized for release may include records which may indicate the presence of a communicable or venereal disease which may include, but are not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS).”**

**I understand that if the records or information being released involve treatment for alcohol or substance addiction, my records are also protected by federal law and regulations relating to “confidentiality of alcohol or drug abuse patient records” (42 C.F.R. Part 2, 42 U.S.C. § 290dd-2).**

**If the records or information released involve treatment for alcohol or substance addiction, this information has been disclosed to agencies from records protected by federal confidentiality rules (42 C.F.R. Part 2). Federal rules prohibit agencies from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the client to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any patient/client for alcohol or drug abuse.**

\_\_\_\_\_  
Name of Client (print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

-----  
For Parent, Guardian or Personal Representative of Client (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Client

\_\_\_\_\_  
Date signed

Please sign below if you also agree to have your picture taken

\_\_\_\_\_  
Signature

**Sex: (Circle):**     Male     Female     Transgender

**Race (Circle):**     White     Black     Asian     Native American     Other (mixed)

**Ethnicity:**     Hispanic     Non-Hispanic

**Do you have a spouse or partner with you (also homeless)?**     \_\_\_\_\_ Yes     \_\_\_\_\_ No     Age: \_\_\_\_\_

**(If under 25) Do you have a parent or guardian staying with you?**     \_\_\_\_\_ Yes     \_\_\_\_\_ No

**How long have you been homeless?**     \_\_\_\_\_ Years     \_\_\_\_\_ Months     \_\_\_\_\_ Days

**How many times have you been homeless in the last three years, including this time?** \_\_\_\_\_

(If previous answer = 4 times or more)

**Do these episodes, added together, amount to a year or more?**     \_\_\_\_\_ Yes     \_\_\_\_\_ No

**U.S. Military Veteran?**     \_\_\_\_\_ Yes     \_\_\_\_\_ No

## A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

**Refused**

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? \_\_\_\_\_

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 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 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 to 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

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

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

9. 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?  Y  N  Refused

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

SCORE:

### C. Socialization & Daily Functioning

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

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  N  Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. 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 ACTIVITY.

SCORE:

13. 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:

14. Is your current homelessness 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

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

## D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

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

SCORE:

21. 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
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  Y  N  Refused

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

SCORE:

23. 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
24. 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 RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:



## VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  **Y**  **N**  Refused

26. 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, SCORE 1 FOR **MEDICATIONS**.

**SCORE:**

27. **YES OR NO:** Has your 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 have experienced?  **Y**  **N**  Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

**SCORE:**

### Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
<b>GRAND TOTAL:</b>	/17	

### Follow-Up Questions

<b>On a regular day, where is it easiest to find you and what time of day is easiest to do so?</b>	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
<b>Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?</b>	phone: (____) _____ - _____ email: _____
<b>Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside