

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

**Prevention/Re-Housing Prescreen Tool for Single Adults**

*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:*

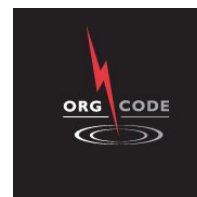
- *An apartment that is in their name (legally permitted to stay there)*
- *A home that they own*
- *The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay)*

VERSION 1.0

AMERICAN EDITION

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

IF 60 YEARS OF AGE OR OLDER, SCORE 1.

**SCORE:**

## Safety

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

1. 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
2. Have you 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 EITHER OF THE ABOVE, THEN SCORE 1. SCORE:

3. 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

4. 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 have 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.*

5. Do you 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:

6. Do you 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:

7. Have you harmed yourself or anyone else in the last 6 months?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

8. Is anyone currently forcing you to do something you don't want to do?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

9. If female, are you currently pregnant?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

### History of Housing and Homelessness

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10. 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 4+ TIMES AND/OR 12+ MONTHS, THEN SCORE 3.

SCORE:

11. 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:

12. 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:

13. 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 have 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?  Y  N  Refused

d) No references for your housing or poor references on your housing history?  Y  N  Refused

e) Difficulties understanding or communicating in English?  Y  N  Refused

f) Difficulties with math that make it hard to budget or take care of your finances?  Y  N  Refused

g) 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:

14. Are you currently living in an overcrowded situation (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:

15. 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**

16. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the IRS that thinks you owe 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:

17. Do you get any money or assistance from the government like SSI, SSDI, TANF or Food Stamps, or do you have a pension, 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 16A, THEN SCORE 1.

SCORE:

18. What is the total amount of money you currently have, including any money in the bank or investments? \_\_\_\_\_  Refused

IF THE AMOUNT IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.

SCORE:

19. 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:

20. 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:

21. 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**

22. Do you 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**

23. 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.

SCORE:

**Interactions with Emergency Services**

24. 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 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**

- 25. Have you ever had to leave an apartment, residential program, or other place you were staying because of your physical health?  Y  N  Refused
- 26. Do you have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed?  Y  N  Refused
- 27. 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
- 28. When you are sick, do you avoid getting medical help?  Y  N  Refused

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

29. Has your drinking or drug use caused you to be kicked out of an apartment or residential program or other place in the past?  **Y**  N  Refused
30. 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:**

31. Have you 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
32. Do you 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:**

33. *DID THE INDIVIDUAL SCORE 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH?*  **Y**  N  N/A or Refused

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

34. Are there any medications that a doctor said you should be taking that, for whatever reason, they are not taking?  **Y**  N  Refused
35. Are there any medications like painkillers that you do 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:**

## Scoring Summary

TOTAL	SCORE	RECOMMENDATION
<input type="text"/>	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