

**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

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

Recommended PR-VI-SPDAT Introductory Script:

I am going to go through a survey with you that will provide us with more information about your situation. Your answers will help us determine if you might be eligible for any of the funding programs that we work with. This survey is just one part of the eligibility process and is not the only factor in determining whether or not you will receive assistance.

Some of the survey questions are very personal. The reason we ask them is that your answers will help us understand the stress and challenges that you are facing. The questions only require a Yes/No or one word answer. I really only need that one word answer. You don't need to provide more detail. You can also skip or refuse to answer any question. Please keep in mind that skipping multiple questions may make it harder for us to identify if we can provide assistance to you, but it is your right to refuse to answer questions you don't feel comfortable with.

Please do your best to answer all of the questions as honestly and accurately as possible. Honest, accurate answers are important to help us identify the right services for you. If we are able to provide you with assistance you will still need to complete the eligibility process, including providing required documentation. Please note that disclosing negative experiences, such as substance use or experience with jail or the courts will not disqualify you from consideration for assistance.

The information that I collect with this survey will be stored in HMIS*, the shared community database that we participate in. Access is restricted to authorized individuals and we will not share your information with anyone who is not authorized to view it without your permission.

*Note to surveyor: it is expected that you have already introduced the individual to HMIS when going over the Release of Information and HMIS intake. If not, please do so now.

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ____/____/____	Age _____	Social Insurance Number _____
		Consent to participate <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.

- 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
- 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

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

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