

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

HMIS Client ID: \_\_\_\_\_

Project Name: \_\_\_\_\_

SPDAT Assessment Date: \_\_\_\_\_

**Please use the prompts to obtain a score for each section:**

<p><b>A. <u>Mental Health &amp; Wellness &amp; Cognitive Functioning</u></b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Has anyone in your family ever received any help with your mental wellness?</i></li> <li>• <i>Do you feel every member in your family is getting all the help they need for your mental health or stress?</i></li> <li>• <i>Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression, or anything like that?</i></li> <li>• <i>Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?</i></li> <li>• <i>Does anyone in your family have trouble learning or paying attention or been tested for learning disabilities?</i></li> <li>• <i>Do you know if, when pregnant with you, your mother did anything that we now know could have negative effects on the baby? What about when you were pregnant?</i></li> <li>• <i>Has anyone in your family ever hurt their brain or head?</i></li> <li>• <i>Do you have any documents or papers about your family's mental health or brain functioning?</i></li> <li>• <i>Are there other professionals we could speak with that have knowledge of your family's mental health?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<p><input type="checkbox"/></p>	<p><b><u>Any</u> of the following among any family member:</b></p> <ul style="list-style-type: none"> <li>• Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) <b>and</b> not in a heightened state of recovery currently;</li> <li>• Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability</li> </ul>
<p><input type="checkbox"/></p>	<p><b><u>Any</u> of the following among any family member:</b></p> <ul style="list-style-type: none"> <li>• Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition;</li> <li>• Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability</li> </ul>
<p><input type="checkbox"/></p>	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, <b>all</b> of the following are true:</p> <ul style="list-style-type: none"> <li>• No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning;</li> <li>• No major concerns for the health and safety of others because of mental health or cognitive functioning ability;</li> <li>• No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity</li> </ul>
<p><input type="checkbox"/></p>	<p>All members of the family are in a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, <b>and</b> are engaged with mental health supports as necessary.</p>
<p><input type="checkbox"/></p>	<p>No mental health or cognitive functioning issues disclosed, suspected or observed.</p>

<p><b>B. <u>Physical Health &amp; Wellness</u></b>  <b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>How is your family’s health?</i></li> <li>• <i>Are you getting any help with your health? How often?</i></li> <li>• <i>Do you feel you’re getting all the care you need for your family’s health?</i></li> <li>• <i>Any illnesses like diabetes, HIV, Hep C or anything like that going on with any member of your family?</i></li> <li>• <i>Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?</i></li> <li>• <i>When was the last time anyone in your family saw a doctor? What was that for?</i></li> <li>• <i>Do you have a clinic or doctor that you usually go to?</i></li> <li>• <i>Anything going on right now with your family’s health that you think would prevent you from living a full, happy, healthy life?</i></li> <li>• <i>Do you have any documents or papers about your family’s health or past stays in hospital because of your health?</i></li> <li>• <i>Are there other professionals we could speak with that have knowledge of your family’s health?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• Co-occurring chronic health conditions;</li> <li>• Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health;</li> <li>• Palliative health condition</li> </ul>
<input type="checkbox"/>	<p>Presence of a health issue among any family member with <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Not connected with professional resources to assist with a real or perceived serious health issue, by choice;</li> <li>• Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability);</li> <li>• Unable to follow the treatment plan as a direct result of homeless status</li> </ul>
<input type="checkbox"/>	<p>Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care;</p> <p>Presence of a physical health issue, for which appropriate treatment protocols are followed but there is still a moderate impact on their daily living</p>
<input type="checkbox"/>	<p>Single chronic or serious health condition in any family member, but <b>all</b> of the following are true:</p> <ul style="list-style-type: none"> <li>• Able to manage the health issue and live a relatively active and healthy life;</li> <li>• Connected to appropriate health supports;</li> <li>• Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements</li> </ul>
<input type="checkbox"/>	<p>No serious or chronic health condition disclosed, observed, or suspected;          If any minor health condition, they are managed appropriately</p>

<p><b>C. Medication</b>  <b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Has anyone in your family recently been prescribed any medications by a health care professional?</i></li> <li>• <i>Does anyone in your family take any medication prescribed to you by a doctor?</i></li> <li>• <i>Has anyone in your family ever had a doctor prescribe you a medication that wasn't filled or they didn't take?</i></li> <li>• <i>Were any of your family's medications changed in the last month? If yes, whose? How did that make them feel?</i></li> <li>• <i>Do other people ever steal your family's medications?</i></li> <li>• <i>Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?</i></li> <li>• <i>How does your family store their medication and make sure that the right medication is taken at the right time each day?</i></li> <li>• <i>What do you do if you realize someone has forgotten to take their medication?</i></li> <li>• <i>Do you have any papers or documents about the medications your family takes?</i></li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 30 days, started taking a prescription which is having any negative impact on day to day living, socialization or mood;</li> <li>• Shares or sells prescription, but keeps less than is sold or shared;</li> <li>• Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high);</li> <li>• Has had a medication prescribed in the last 90 days that remains unfilled, for any reason</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 30 days, started taking a prescription which is not having any negative impact on day to day living, socialization or mood;</li> <li>• Shares or sells prescription, but keeps more than is sold or shared;</li> <li>• Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker);</li> <li>• Medications are stored and distributed by a third-party</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week;</li> <li>• Self-manages medications except for requiring reminders or assistance for refills;</li> <li>• Successfully self-managing medication for fewer than 30 consecutive days</li> </ul>
<input type="checkbox"/>	<p>Successfully self-managing medications for more than 30, but less than 180, consecutive days</p>
<input type="checkbox"/>	<p><b>Any</b> of the following for <b>every</b> family member:</p> <ul style="list-style-type: none"> <li>• No medication prescribed to them;</li> <li>• Successfully self-managing medication for 181+ consecutive days</li> </ul>

<p><b>D. Substance Use</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>When was the last time you had a drink or used drugs? What about the other members of your family?</i></li> <li>• <i>Anything we should keep in mind related to drugs or alcohol?</i></li> <li>• <i>How often would you say you use (specific substance) in a week?</i></li> <li>• <i>Ever have a doctor tell you that your health may be at risk because you drink or use drugs?</i></li> <li>• <i>Have you engaged with anyone professionally related to your substance use that we can speak with?</i></li> <li>• <i>Ever get into fights, fall down and bang your head, do things you regret later or pass out when drinking or using other drugs?</i></li> <li>• <i>Have you ever used drugs or alcohol in a way that may be considered less than safe?</i></li> <li>• <i>Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?</i></li> </ul>	<p><b>Notes:</b></p>
<p><b>**Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.</b></p>	
<p><b>Assessment Level (Check only ONE box):</b></p>	
<p><input type="checkbox"/></p>	<p>An Adult is in a life-threatening health situation as a direct result of substance use;                  Any family member is under the legal age but over 15 and would score a 3+;                  Any family member is under 15 and would score a 2+ or who first used drugs prior to age 12;                  In the past 30 days, <b>any</b> of the following are true for any adult in the family:</p> <ul style="list-style-type: none"> <li>• Substance use is almost daily (21+ times) <b>and</b> often to the point of complete inebriation;</li> <li>• Binge drinking, non-beverage alcohol use, or inhalant use 4+ times;</li> <li>• Substance use resulting in passing out 2+ times</li> </ul>
<p><input type="checkbox"/></p>	<p>An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result;                  Any family member is under the legal age but over 15 and would score a 2;                  Any family member is under 15 and would score a 1 or who first used drugs at age 13-15;                  In the past 30 days, <b>any</b> of the following are true for any adult in the family:</p> <ul style="list-style-type: none"> <li>• Drug use reached the point of complete inebriation 12+ times;</li> <li>• Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation;</li> <li>• Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times</li> </ul>
<p><input type="checkbox"/></p>	<p>Any family member is under the legal age but over 15 and would score a 1;                  In the past 30 days, <b>any</b> of the following are true for any adult in the family:</p> <ul style="list-style-type: none"> <li>• Drug use reached the point of complete inebriation fewer than 12 times;</li> <li>• Alcohol use exceeded the consumption thresholds fewer than 5 times</li> </ul>
<p><input type="checkbox"/></p>	<p>In the past 365 days, no alcohol use beyond consumption thresholds, <b>or</b> If making claims to sobriety, no substance use in the past 30 days</p>
<p><input type="checkbox"/></p>	<p>In the past 365 days, no substance use</p>

<p><b>E. <u>Experience of Abuse &amp; Trauma</u></b></p> <p><i>To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</i></p> <p><i>*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.</i></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• “I don’t need you to go into details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?”</li> <li>• Are you currently or have you ever received professional assistance to address that abuse?</li> <li>• Does the experience of abuse or trauma impact your day to day living in any way?</li> <li>• Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing, or engage in meaningful relationships with friends or family?</li> <li>• Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?</li> <li>• Have you ever become homeless as a direct result of experiencing trauma or abuse?</li> </ul>	<p><b><u>Notes:</u></b></p>
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<b>Assessment Level (Check only ONE box):</b>	
<input type="checkbox"/>	A reported experience of abuse or trauma, believed to be a direct cause of their homelessness.
<input type="checkbox"/>	The experience of abuse or trauma is <b>not</b> believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) <b>is</b> impacting daily functioning and/or ability to get out of homelessness
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness;</li> <li>• Engaged in therapeutic attempts at recovery, but does not consider self to be recovered</li> </ul>
<input type="checkbox"/>	A reported experience of abuse or trauma, and considers self to be recovered
<input type="checkbox"/>	No reported experience of abuse or trauma

<p><b>F. Risk of Harm to Self or Others</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Does anyone in your family have any thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?</li> <li>• Has anyone in your family ever received any professional help, including a stay at a hospital, as a result of thinking about or attempting to hurt themselves or others? How long ago was that? Does that happen often?</li> <li>• Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?</li> <li>• Has anyone in your family been in any fights recently, whether they started it or someone else did? How long ago was that? How often do they get into fights?</li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 90 days, left an abusive situation;</li> <li>• In the past 30 days, attempted, threatened, or actually harmed self or others;</li> <li>• In the past 30 days, involved in a physical altercation (instigator or participant)</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days;</li> <li>• Most recently attempted, threatened, or actually harmed self or others in the past 180 days but not in the past 30 days;</li> <li>• In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days;</li> <li>• Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days;</li> <li>• 366+ days ago, 4+ involvements in physical altercations</li> </ul>
<input type="checkbox"/>	<p>366+ days ago, a family member had 1-3 involvements in physical altercations</p>
<input type="checkbox"/>	<p>Whole family reports no instance of harming self, being harmed, or harming others</p>

<b>G. <u>Involvement in Higher Risk and/or Exploitive Situations</u></b> <b>Prompts:</b> <ul style="list-style-type: none"> <li>• <b><i>(Observe Only – Do Not Ask):</i></b> Any abscesses or track marks from injection substance use?</li> <li>• Does anyone force or trick people in your family to do things they don't want to do?</li> <li>• Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</li> <li>• Does anyone in your family ever find themselves in a situation that may be considered a high risk for violence?</li> <li>• Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</li> </ul>		<b>Notes:</b>
<b>Assessment Level (Check only ONE box):</b>		
<input type="checkbox"/>	<b>Any</b> of the following: <ul style="list-style-type: none"> <li>• In the past 180 days, family engaged in 10+ higher risk and/or exploitive events;</li> <li>• In the past 90 days, any family member left an abusive situation</li> </ul>	
<input type="checkbox"/>	<b>Any</b> of the following: <ul style="list-style-type: none"> <li>• In the past 180 days, family engaged in 4-9 higher risk and/or exploitive events;</li> <li>• In the past 180 days, any family member left an abusive situation, but not in the past 90 days</li> </ul>	
<input type="checkbox"/>	<b>Any</b> of the following: <ul style="list-style-type: none"> <li>• In the past 180 days, family engaged in 1-3 higher risk and/or exploitive events;</li> <li>• 181+ days ago, any family member left an abusive situation</li> </ul>	
<input type="checkbox"/>	Any involvement in higher risk and/or exploitive situations by any family member occurred more than 180 days ago but less than 365 days ago	
<input type="checkbox"/>	In the past 365 days, no involvement by any family member in higher risk and/or exploitive events	

<b>H. <u>Interaction with Emergency Services</u></b> <b>Prompts:</b> <ul style="list-style-type: none"> <li>• How often does your family go to emergency rooms?</li> <li>• How many times have you had the police speak to members of your family over the past 180 days?</li> <li>• Has anyone in your family used an ambulance or needed the fire department at any time over the past 180 days?</li> <li>• How many times have family members called or visited a crisis team or a crisis counselor in the past 180 days?</li> <li>• How many times have you or anyone in your family been admitted to a hospital in the last 180 days? How long did you stay?</li> </ul>		<b>Notes:</b>
<p><i>*Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.</i></p>		
<b>Assessment Level (Check only ONE box):</b>		
<input type="checkbox"/>	In the past 180 days, cumulative family total of 10+ interactions with emergency services	
<input type="checkbox"/>	In the past 180 days, cumulative family total of 4-9 interactions with emergency services	
<input type="checkbox"/>	In the past 180 days, cumulative family total of 1-3 interactions with emergency services	
<input type="checkbox"/>	Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago	
<input type="checkbox"/>	In the past 365 days, no interaction with emergency services	

<p><b>I. Legal</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Does your family have any legal stuff going on?</li> <li>• Has anyone in your family had a lawyer assigned to you by a court?</li> <li>• Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?</li> <li>• Any outstanding fines?</li> <li>• Has anyone in your family paid any fines in the last 12 months for anything?</li> <li>• Has anyone in your family done any community service in the last 12 months?</li> <li>• Is anyone expecting someone in your family to do any community service for anything right now?</li> <li>• Did your family have any legal stuff in the last year that got dismissed?</li> <li>• Is your family's housing at risk in any way right now because of legal issues?</li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• Current outstanding legal issue(s), likely to result in fines of \$500+;</li> <li>• Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• Current outstanding legal issue(s), likely to result in fines less than \$500;</li> <li>• Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for any family member:</p> <ul style="list-style-type: none"> <li>• In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s);</li> <li>• Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)</li> </ul>
<input type="checkbox"/>	<p>There are no current legal issues among any family members, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration</p>
<input type="checkbox"/>	<p>No family member has had any legal issues within the past 365 days, and currently no conditions of release</p>

<p><b>J. <u>Managing Tenancy</u></b>  <b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Is your family currently homeless?</i></li> <li>• <i>(If the family is housed) Does your family have an eviction notice?</i></li> <li>• <i>(If the family is housed) Do you think that your family's housing is at risk?</i></li> <li>• <i>How is your family's relationship with your neighbors?</i></li> <li>• <i>How does your family normally get along with landlords?</i></li> <li>• <i>How has your family been doing with taking care of your place?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><b><i>*Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.</i></b></p>	
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Currently homeless;</li> <li>• In the next 30 days, will be re-housed or return to homelessness;</li> <li>• In the past 365 days, was re-housed 6+ times;</li> <li>• In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days;</li> <li>• In the past 365 days, was re-housed 3-5 times;</li> <li>• In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matter</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following are true:</p> <ul style="list-style-type: none"> <li>• In the past 365 days, was re-housed 2 times;</li> <li>• In the past 180 days, was re-housed 1+ times, but not in the past 60 days;</li> <li>• Continuously housed for at least 90 days but not more than 180 days;</li> <li>• In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• In the past 365 days, was re-housed 1 time;</li> <li>• Continuously housed, with no assistance with housing matters, for at least 180 days but not more than 365 days</li> </ul>
<input type="checkbox"/>	<p>Continuously housed, with no assistance with housing matters, for at least 365 days</p>

<p><b>K. Personal Administration &amp; Money Management</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>How are you and your family with taking care of money?</i></li> <li>• <i>How are you and your family with paying bills on time and taking care of other financial stuff?</i></li> <li>• <i>Does anyone in your family have any street debts or any drug or gambling debts?</i></li> <li>• <i>Is there anyone who thinks anyone in your family owes them money?</i></li> <li>• <i>Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?</i></li> <li>• <i>Does your family try to pay your rent before paying for anything else?</i></li> <li>• <i>Is anyone in your family behind in any payments like child support or student loans or anything like that?</i></li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li>• No family income (including formal and informal sources)</li> <li>• Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments</li> </ul> <p><b>OR</b> for the person who normally handles the households' finances, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Cannot create or follow a budget, regardless of supports provided;</li> <li>• Does not comprehend financial obligations;</li> <li>• Not aware of the full amount spent on substances, if the household includes a substances user</li> </ul>
<input type="checkbox"/>	<p>Real or perceived debts of \$999 or less, past due or requiring monthly payments</p> <p><b>OR</b> for the person who normally handles the households' finances, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money);</li> <li>• Only understands their financial obligations with the assistance of a 3rd party</li> <li>• Not budgeting for substance use, if the household includes a substance user</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, source of family income has changed 2+ times</p> <p><b>OR</b> for the person who normally handles the households' finances, <b>any</b> of the following are true:</p> <ul style="list-style-type: none"> <li>• Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs;</li> <li>• Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship);</li> <li>• Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days</li> </ul>
<input type="checkbox"/>	<p>The person who normally handles the households' finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days</p>
<input type="checkbox"/>	<p>The person who normally handles the households' finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>

<p><b>L. Social Relationships &amp; Networks</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Tell me about your family’s friends, extended family or other people in your life?</li> <li>• How often do you get together or chat with family friends?</li> <li>• When your family goes to a doctor’s appointment or meet with other professionals like that, what is that like?</li> <li>• Are there any of your family’s close friends that you feel are always asking you for money, drugs, smokes, food or anything like that?</li> <li>• Are there any people in your life that you feel are just using you or someone else in your family?</li> <li>• Have you ever had people crash at your place that you did not want staying there?</li> <li>• Have you ever been threatened with eviction or lost a place because of something that friends or extended family did in your apartment?</li> <li>• Have you ever been concerned about not following your lease agreement because of your friends or extended family?</li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Currently homeless and would classify most of friends and family as homeless;</li> <li>• Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety;</li> <li>• In the past 90 days, left an exploitive, abusive or dependent relationship;</li> <li>• No friends of family or any family member demonstrates an ability to follow social norms</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following:</p> <ul style="list-style-type: none"> <li>• Currently homeless, and would classify some of friends and family as housed, while some are homeless</li> <li>• In the past 90-180 days, left an exploitive, abusive or dependent relationship;</li> <li>• Friends, family or other people are having some negative consequences on wellness or housing stability;</li> <li>• No friends or family but all family members demonstrate ability to follow social norms;</li> <li>• Any family member is meeting new people with an intention of forming friendships;</li> <li>• Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship;</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following are true:</p> <ul style="list-style-type: none"> <li>• Currently homeless, and would classify friends and family as being housed</li> <li>• More than 180 days ago, left an exploitive, abusive or dependent relationship</li> <li>• Any family member is developing relationships with new people but not yet fully trusting them</li> </ul>
<input type="checkbox"/>	<p>Has been housed for less than 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual’s housing stability</p>
<input type="checkbox"/>	<p>Has been housed for at least 180 days, and family is engaged with friends or family, who are having no negative consequences on the individual’s housing stability</p>

<p><b>M. Self-Care &amp; Daily Living Skills</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Do you have any worries about taking care of yourself or your family?</li> <li>• Do you have any concerns about cooking, cleaning, laundry or anything like that?</li> <li>• Does anyone in your family ever need reminders to do things like shower or clean up?</li> <li>• Describe your family’s last apartment?</li> <li>• Do you know how to shop for nutritious food on a budget?</li> <li>• Do you know how to make lost cost meals that result in leftovers to freeze or save for another day?</li> <li>• Do you tend to keep all of your family’s clothes clean?</li> <li>• Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?</li> <li>• When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?</li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following for head(s) of household:</p> <ul style="list-style-type: none"> <li>• No insight into how to care for themselves, their apartment or their surroundings;</li> <li>• Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis;</li> <li>• Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for head(s) of household:</p> <ul style="list-style-type: none"> <li>• Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight;</li> <li>• In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period;</li> <li>• Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following for head(s) of household:</p> <ul style="list-style-type: none"> <li>• Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis;</li> <li>• In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, accessed community resources 4 or fewer times, and head of household is fully taking care of all the family’s daily needs</p>
<input type="checkbox"/>	<p>For the past 365+ days, fully taking care of all the family’s daily needs independently</p>

<p><b>N. <u>Meaningful Daily Activity</u></b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>How does your family spend your days?</i></li> <li>• <i>How does your family spend their free time?</i></li> <li>• <i>Do these things make your family feel happy/fulfilled?</i></li> <li>• <i>How many days a week would you say members of your family have things to do that make them feel happy/fulfilled?</i></li> <li>• <i>How much time in a week would you or members of your family say you are totally bored?</i></li> <li>• <i>When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?</i></li> <li>• <i>How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?</i></li> <li>• <i>Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	Any member of the family has no planned, legal activities described as providing fulfillment or happiness
<input type="checkbox"/>	Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
<input type="checkbox"/>	Some family members are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or they are not fully committed to continuing the activities
<input type="checkbox"/>	Each family member has planned, legal activities described as providing fulfillment or happiness, 1-3 days per week
<input type="checkbox"/>	Each family member has planned, legal activities described as providing fulfillment or happiness, 4+ days per week

<p><b>O. <u>History of Homelessness &amp; Housing</u></b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>How long has your family been homeless?</i></li> <li>• <i>How many times has your family experienced homelessness other than this most recent time?</i></li> <li>• <i>Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?</i></li> <li>• <i>Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter or anything like that?</i></li> <li>• <i>Has your family ever spent time sleeping in an abandoned building?</i></li> <li>• <i>Has anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	Over the past 10 years, cumulative total of 5+ years of family homelessness
<input type="checkbox"/>	Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
<input type="checkbox"/>	Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
<input type="checkbox"/>	Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
<input type="checkbox"/>	Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

<p><b><u>P. Parental Engagement</u></b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Walk me through a typical evening after school in your family.</i></li> <li>• <i>Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?</i></li> <li>• <i>Does your family have play time together? What kinds of things do you do and how often do you do it?</i></li> <li>• <i>Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?</i></li> </ul>	<p><b><u>Notes:</u></b></p>
<p><i>*Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.</i></p>	
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• No sense of parental attachment and responsibility;</li> <li>• No meaningful family time together;</li> <li>• Children 12 and younger are unsupervised 3+ hours each day;</li> <li>• Children 13 and older are unsupervised 4+ hours each day;</li> <li>• In families with 2+ children, the older child performs caretaking tasks 5+ days/week</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Weak sense of parental attachment and responsibility;</li> <li>• Meaningful family activities occur 1-4 times in a month;</li> <li>• Children 12 and younger are unsupervised 1-3 hours each day;</li> <li>• Children 13 and older are unsupervised 2-4 hours each day</li> <li>• In families with 2+ children, the older child performs caretaking tasks 3-4 days/week</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Sense of parental attachment and responsibility, but not consistently applied;</li> <li>• Meaningful family activities occur 1-2 days per week;</li> <li>• Children 12 and younger are unsupervised fewer than 1 hour each day;</li> <li>• Children 13 and older are unsupervised 1-2 hours each day;</li> <li>• In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Strong sense of parental attachment and responsibility towards their children;</li> <li>• Meaningful family activities occur 3-6 days of the week;</li> <li>• Children 12 and younger are never unsupervised;</li> <li>• Children 13 and older are unsupervised no more than an hour each day</li> </ul>
<input type="checkbox"/>	<p><b><u>Any</u></b> of the following:</p> <ul style="list-style-type: none"> <li>• Strong sense of attachment and responsibility towards their children;</li> <li>• Meaningful family activities occur daily</li> <li>• Children are never unsupervised</li> </ul>

<p><b>Q. Stability/Resilience of the Family Unit</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?</i></li> <li>• <i>Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?</i></li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• Parental arrangements and/or other adult relative within the family have changed 4+ times;</li> <li>• Children have left or returned to the family 4+ times</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• Parental arrangements and/or other adult relatives within the family have changed 3 times;</li> <li>• Children have left or returned to the family 3 times</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• Parental arrangements and/or other adult relatives within the family have changed 2 times;</li> <li>• Children have left or returned to the family 2 times</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• Parental arrangements and/or other adult relatives within the family have changed 1 time;</li> <li>• Children have left or returned to the family 1 time</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• No change in parental arrangements and/or other adult relatives within the family;</li> <li>• Children have not left or returned to the family</li> </ul>

<p><b>R. Needs of Children</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Please tell me about the attendance at school of your school-aged children.</li> <li>• Any health issues with your children?</li> <li>• Any times of separation between your children and parents?</li> <li>• Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?</li> <li>• Have your children ever accessed professional assistance to address that abuse?</li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><b>Any</b> of the following</p> <ul style="list-style-type: none"> <li>• In the last 90 days, children needed to live with friends or family for 15+ days in any month</li> <li>• School-aged children are not currently enrolled in school</li> <li>• Any member of the family, including children, is currently escaping an abusive situation</li> <li>• The family is homeless</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following</p> <ul style="list-style-type: none"> <li>• In the last 90 days, children needed to live with friends or family for 7-14 days in any month;</li> <li>• School-aged children typically miss 3+ days of school per week for reasons other than illness;</li> <li>• In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following</p> <ul style="list-style-type: none"> <li>• In the last 90 days, children needed to live with friends or family for 1-6 days in any month;</li> <li>• School-aged children typically miss 2 days of school per week for reasons other than illness;</li> <li>• In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following</p> <ul style="list-style-type: none"> <li>• In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days;</li> <li>• School-aged children typically miss 1 day of school per week for reasons other than illness</li> </ul>
<input type="checkbox"/>	<p><b>Any</b> of the following</p> <ul style="list-style-type: none"> <li>• In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month;</li> <li>• School-aged children maintain consistent attendance at school;</li> <li>• There is no evidence of children in the home having experienced or witnessed abuse</li> <li>• The family is housed</li> </ul>

<p><b>S. Size of Family Unit</b></p> <p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• <i>I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?</i></li> <li>• <i>Is anyone in the family currently pregnant?</i></li> </ul>	<p><b>Notes:</b></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p>For one parent families, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• A pregnancy in the family</li> <li>• At least one child aged 0-6</li> <li>• Three or more children of any age</li> </ul> <p>For two parent families, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• A pregnancy in the family</li> <li>• Four or more children of any age</li> </ul>
<input type="checkbox"/>	<p>For one parent families, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• At least one child aged 7-11</li> <li>• Two children of any age</li> </ul> <p>For two parent families, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• At least one child aged 0-6</li> <li>• Three children of any age</li> </ul>
<input type="checkbox"/>	<p>For one parent families: At least one child aged 12-15</p> <p>For two parent families, <b>any</b> of the following:</p> <ul style="list-style-type: none"> <li>• At least one child aged 7-11</li> <li>• Two children of any age</li> </ul>
<input type="checkbox"/>	<p>For one parent families: At least one child aged 16 or older</p> <p>For two parent families: At least one child aged 12 or older</p>
<input type="checkbox"/>	<p>Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children</p>

<p><b>T. Interactions with Child Protective Services and/or Family Court Prompts:</b></p> <ul style="list-style-type: none"> <li>• Any matters being considered by a judge right now as it pertains to any member of your family?</li> <li>• Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?</li> <li>• Has there ever been an investigation by someone in child welfare into the matters of your family?</li> </ul>	<p><u>Notes:</u></p>
<p><b>Assessment Level (Check only ONE box):</b></p>	
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> <li>• In the past 90 days, interactions with child protective services have occurred;</li> <li>• In the past 365 days, one or more children have been removed from parent’s custody that have <b>not</b> been reunited with the family at least four days per week;</li> <li>• There are issues still be decided or considered within family court</li> </ul>
<input type="checkbox"/>	<p>In the past 180 days, <b>any</b> of the following have occurred:</p> <ul style="list-style-type: none"> <li>• Interactions with child protective services have occurred, but not within the past 90 days;</li> <li>• One or more children have been removed from parent’s custody through child protective services (non-voluntary) <b>and</b> the child(ren) has been reunited with the family four or more days per week</li> <li>• Issues have been resolved in family court</li> </ul>
<input type="checkbox"/>	<p>In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations</p>
<input type="checkbox"/>	<p>No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.</p>
<input type="checkbox"/>	<p>There have been no serious interactions with child protective services because of parenting concerns</p>