

First Name: _____ Last Name: _____

HMIS Client ID: _____

Project Name: _____

SPDAT Assessment Date: _____

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

<p>A. <u>Mental Health & Wellness & Cognitive Functioning</u> Prompts:</p> <ul style="list-style-type: none"> • Have you ever had a conversation with a psychiatrist, psychologist or school counselor? When was that? • Do you feel that you are getting all the help you need with whatever mental health stress you might have? • Have you ever hurt your brain or head? • Do you have trouble learning or paying attention? • Have you ever been told you might have ADD or ADHD? • Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that? • Was there ever any special testing done to identify learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know could have negative effects on the baby? • Are there other professionals we could speak with that have knowledge of your mental health? 	<p><u>Notes:</u></p>
<p>Assessment Level (Check only ONE box):</p>	
<p><input type="checkbox"/></p>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) and not in a heightened state of recovery currently; • Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
<p><input type="checkbox"/></p>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition; • Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
<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, all of the following are true:</p> <ul style="list-style-type: none"> • No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning; • No major concerns for the health and safety of others because of mental health or cognitive functioning ability; • No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity <p>For Youth: Age 16 or under and would otherwise not score higher.</p>
<p><input type="checkbox"/></p>	<p>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, and is engaged with mental health supports as necessary.</p> <p>For Youth: Age 17-23 and would not otherwise score higher.</p>
<p><input type="checkbox"/></p>	<p>Age 24+ and no mental health or cognitive functioning issues disclosed, suspected or observed.</p>

<p>B. Physical Health & Wellness</p> <p>Prompts:</p> <ul style="list-style-type: none"> • How is your health? • Do you feel you are getting all the care you need for your health? When was the last time you saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Any illnesses like diabetes, HIV, Hep C or anything like that going on with you? • Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice? • Anything going on right now with your health that you think would prevent you from living a full, happy, healthy life? • Are there other professionals we could speak with that have knowledge of your health? 	<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • Co-occurring chronic health conditions; • Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health; • Palliative health condition
<input type="checkbox"/>	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> • Not connected with professional resources to assist with a real or perceived serious health issue, by choice; • 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); • Unable to follow the treatment plan as a direct result of homeless status
<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, but All of the following are true:</p> <ul style="list-style-type: none"> • Able to manage the health issue and live a relatively active and healthy life; • Connected to appropriate health supports; • Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements
<input type="checkbox"/>	<p>No serious or chronic health condition;</p> <p>If any minor health condition, they are managed appropriately</p>

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

<p>D. Substance Use</p> <p>Prompts:</p> <ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? • Is there anything we should keep in mind related to drugs or alcohol? • (If they disclose use of drugs and/or alcohol) How often would you say your use (specific substance) in a week? • Ever get into fights, fall down and bang your head or pass out when drinking or using other drugs? • Have you ever used drugs or alcohol in a way that may be considered less than safe? • Do you ever end up doing things you later regret after you have gotten really hammered? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? • Have you engaged with anyone professionally related to your substance use that we could speak to? 	<p>Notes:</p>
<p>**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. “Under legal age” refers to under the age at which it is legal to purchase and consume the substance in question.</p>	
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>In a life-threatening health situation as a direct result of substance use, or, In the past 30 days, any of the following are true:</p> <ul style="list-style-type: none"> • Substance use is almost daily (21+ times) and often to the point of complete inebriation; • Binge drinking, non-beverage alcohol use, or inhalant use 4+ times; • Substance use resulting in passing out 2+ times <p>For Youth: Any of the following:</p> <ul style="list-style-type: none"> • First used drugs before age 12 • Scores 2-3 and is under age 15 • Scores a 3 and is under legal age
<input type="checkbox"/>	<p>Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or In the past 30 days, any of the following are true:</p> <ul style="list-style-type: none"> • Drug use reached the point of complete inebriation 12+ times; • Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation; • Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times <p>For Youth: Any of the following:</p> <ul style="list-style-type: none"> • First used drugs age 12-15 • Scores a 1 and is under age 15 • Scores a 2 and is under legal age
<input type="checkbox"/>	<p>In the past 30 days, any of the following are true:</p> <ul style="list-style-type: none"> • Drug use reached the point of complete inebriation fewer than 12 times; • Alcohol use exceeded the consumption thresholds fewer than 5 times <p>For Youth, scores a 1 and is under the legal age</p>
<input type="checkbox"/>	<p>In the past 365 days, no alcohol use beyond consumption thresholds, or If making claims to sobriety, no substance use in the past 30 days</p>
<input type="checkbox"/>	<p>In the past 365 days, no substance use</p>

<p>E. Experience of Abuse & Trauma</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>Prompts:</p> <ul style="list-style-type: none"> • “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?” • Are you currently or have you ever received professional assistance to address that abuse? • Does the experience of abuse or trauma impact your day to day living in any way? • 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? • Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma? • Have you ever become homeless as a direct result of experiencing trauma or abuse? 	<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>A reported experience of abuse or trauma, believed to be a direct cause of their homelessness.</p>
<input type="checkbox"/>	<p>The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness</p>
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness; • Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
<input type="checkbox"/>	<p>A reported experience of abuse or trauma, and considers self to be recovered</p>
<input type="checkbox"/>	<p>No reported experience of abuse or trauma</p>

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

<p>G. <u>Involvement in Higher Risk and/or Exploitive Situations</u> Prompts:</p> <ul style="list-style-type: none"> • <i>(Observe Only – Do Not Ask):</i> Any abscesses or track marks from injection substance use? • Does anyone force or trick you to do things you don't want to do? • Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, or having sex without a condom with a casual partner, or anything like that? • Do you ever find yourself in a situation that may be considered a high risk for violence? • Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep? 	<p><u>Notes:</u></p>
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<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • In the past 180 days, engaged in 10+ higher risk and/or exploitive events • In the past 90 days, left an abusive situation <p>Youth Pregnancy: Under the age of 24 and has ever become pregnant</p>
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • In the past 180 days, engaged in 4-9 higher risks and/or exploitive events • In the past 180 days, left an abusive situation, but not in the past 90 days <p>Youth Pregnancy: Under the age of 24 and has ever gotten someone pregnant and wouldn't otherwise score a 4</p>
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • In the past 180 days, engaged in 1-3 higher risks and/or exploitive events • 181+ days ago, left an abusive situation
<input type="checkbox"/>	<p>In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days</p>
<input type="checkbox"/>	<p>In the past 365 days, no involvement in higher risk and/or exploitive events</p>

<p>H. <u>Interaction with Emergency Services</u> Prompts:</p> <ul style="list-style-type: none"> • How often do you go to emergency rooms? • How many times have you had the police speak to you over the past 180 days? • Have you used an ambulance or needed the fire department at any time over the past 180 days? • How many times have you called or visited a crisis team or a crisis counselor in the past 180 days? • How many times have you been admitted to a hospital in the last 180 days? How long did you stay? 	<p><u>Notes:</u></p>
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**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.*

<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>In the past 180 days, cumulative total of 10+ interactions with emergency services</p>
<input type="checkbox"/>	<p>In the past 180 days, cumulative total of 4-9 interactions with emergency services</p>
<input type="checkbox"/>	<p>In the past 180 days, cumulative total of 1-3 interactions with emergency services</p>
<input type="checkbox"/>	<p>Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago</p>
<input type="checkbox"/>	<p>In the past 365 days, no interaction with emergency services</p>

<p>I. Legal</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Do you have any legal stuff going on? • Have you had a lawyer assigned to you by a court? • Do you have any upcoming court dates? Do you think there's a chance you will do time? • Any involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • Is anyone expecting you to do any community service for anything right now? • Did you have any legal stuff in the last year that got dismissed? • Is your housing at risk in any way right now because of legal issues? 	<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>Any of the following are true:</p> <ul style="list-style-type: none"> • Current outstanding legal issue(s), likely to result in fines of \$500+; • Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand <p>Juvenile Delinquency: The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration</p>
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • Current outstanding legal issue(s), likely to result in fines less than \$500; • Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand <p>Juvenile Delinquency: The youth is under the age of 24 and was ever incarcerated while still a minor and would not otherwise score a 4.</p>
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s); • Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service) •
<input type="checkbox"/>	<p>There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration</p>
<input type="checkbox"/>	<p>Has not had any legal issues within the past 365 days, and currently no conditions of release</p>

<p>J. <u>Managing Tenancy</u> Prompts:</p> <ul style="list-style-type: none"> • Are you currently homeless? • Have you ever signed a lease? How did that go? • (If the client is housed) Do you have an eviction notice? • (If the client is housed) Do you think your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords? (or your parents/guardians?) • How have you been doing with taking care of your place? 	<p><u>Notes:</u></p>
<p>*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.</p>	
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • Currently homeless; • In the next 30 days, will be re-housed or return to homelessness; • In the past 365 days, was re-housed 6+ times; • In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters <p>For Runaways: In the past 90 days, ran away from foster home, group home or parent’s home</p>
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days; • In the past 365 days, was re-housed 3-5 times; • In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matter <p>For Runaways: In the past 365 days, ran away from foster home, group home or parent’s home, but not in the past 90 days.</p>
<input type="checkbox"/>	<p><u>Any</u> of the following are true:</p> <ul style="list-style-type: none"> • In the past 365 days, was re-housed 2 times; • In the past 180 days, was re-housed 1+ times, but not in the past 60 days; • For the past 90 days was continuously housed, but not for more than 180 days; • In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters <p>For Runaways: Ran away from foster home, group home or parent’s home, but not in the past 365 days</p>
<input type="checkbox"/>	<p><u>Any</u> of the following:</p> <ul style="list-style-type: none"> • In the past 365 days, was re-housed 1 time; • For the past 180 days, was continuously housed, with no assistance with housing matters, but not more than 365 days
<input type="checkbox"/>	<p>For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters</p>

<p>K. Personal Administration & Money Management</p> <p>Prompts:</p> <ul style="list-style-type: none"> • How are you with taking care of money? • How are you with paying bills on time and taking care of other financial stuff? • Do you have any street debts? • Do you have any drug or gambling debts? • Is there anyone who thinks you owe them money? • Do you budget every single month for every single thing that you need? Including cigarettes? Booze? Drugs? • Do you try to pay your rent before paying for anything else? • Are you behind in any payments like child support or student loans or anything like that? 		<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>		
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • Cannot create or follow a budget, regardless of supports provided; • Does not comprehend financial obligations; • Does not have an income (including formal and informal sources); • Not aware of the full amount spent on substances, if they use substances; • Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments 	
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money); • Only understands their financial obligations with the assistance of a 3rd party; • Not budgeting for substance use, if they are a substance user; • Real or perceived debts of \$999 or less, past due or requiring monthly payments 	
<input type="checkbox"/>	<p>Any of the following are true:</p> <ul style="list-style-type: none"> • In the past 365 days, source of income has changed 2+ times; • Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs; • Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship); • Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days 	
<input type="checkbox"/>	<p>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>Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days</p>	

<p>L. Social Relationships & Networks</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Tell me about your friends, family or other people in your life? How often do you get together to chat? • How do you get along with teachers, doctors, police officers, case workers, and other professionals? • Are there people in your life that you feel are just using you? • Are there any of your close friends that you feel are always asking you for money, drugs, smokes, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been kicked out of where you were living because of something that friends or family did in your apartment? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • In the past 90 days, left an exploitive, abusive or dependent relationship or left home due to family violence or conflict over religious or moral differences, including sexual orientation • Friends, family or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety; • No friends or family and demonstrates no ability to follow social norms; • Currently homeless and would classify most of friends and family as homeless
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • In the past 90-180 days, left an exploitive, abusive or dependent relationship or left home due to family violence or conflict over religious or moral differences; • Friends, family or other people are having some negative consequences on wellness or housing stability • No friends or family but demonstrating ability to follow social norms; • Meeting new people with an intention of forming friendships or reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship; • Currently homeless, and would classify some of friends and family as being housed, while others are homeless
<input type="checkbox"/>	<p>Any of the following are true:</p> <ul style="list-style-type: none"> • More than 180 days ago, left an exploitive, abusive or dependent relationship or left home due to family violence or conflict over religious or moral differences; • Developing relationships with new people but not yet fully trusting them; • Currently homeless, and would classify friends and family as being housed
<input type="checkbox"/>	<p>Has been housed for less than 180 days, and 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 is engaged with friends or family, who are having no negative consequences on the individual’s housing stability</p>

<p>M. Self-Care & Daily Living Skills</p> <p>Prompts:</p> <ul style="list-style-type: none"> • <i>Do you have any worries about taking care of yourself?</i> • <i>Do you have any concerns about cooking, cleaning, laundry or anything like that?</i> • <i>Do you ever need reminder to do things like shower or clean up?</i> • <i>Describe your last apartment.</i> • <i>Do you know how to shop for nutritious food on a budget?</i> • <i>Do you know how to make lost cost meals that result in leftovers to freeze or save for another day?</i> • <i>Do you tend to keep all of your clothes clean?</i> • <i>Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?</i> • <i>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?</i> 	<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>	
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • No insight into how to care for themselves, their apartment or their surroundings; • 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; • Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • 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; • 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; • Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
<input type="checkbox"/>	<p>Any of the following:</p> <ul style="list-style-type: none"> • 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; • 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
<input type="checkbox"/>	<p>In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs</p>
<input type="checkbox"/>	<p>For the past 365+ days, fully taking care of all their daily needs independently</p>

<p>N. <u>Meaningful Daily Activity</u></p> <p>Prompts:</p> <ul style="list-style-type: none"> • <i>How do you spend your day?</i> • <i>How do you spend your free time?</i> • <i>Does that make you feel happy/fulfilled?</i> • <i>How many days a week would you say you have things to do that make you feel happy/fulfilled?</i> • <i>How much time in a week would you say you are totally bored?</i> • <i>When you wake up in the morning, do you tend to have an idea of what you plan to do that day?</i> • <i>How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?</i> • <i>Are there any things that get in the way of you doing the sorts of activities you would like to be doing?</i> 		<p>Notes:</p>
<p>Assessment Level (Check only ONE box):</p>		
<input type="checkbox"/>	<p>No planned, legal activities described as providing fulfillment or happiness</p> <p>School Aged Youth: Not enrolled in school and with no planned legal activities described as providing fulfillment or happiness</p>	
<input type="checkbox"/>	<p>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</p> <p>School Aged Youth: Enrolled in school but attending class fewer than 3 days per week</p>	
<input type="checkbox"/>	<p>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 the individual is not fully committed to continuing the activities</p> <p>School Aged Youth: Enrolled in school and attending class 3 days per week</p>	
<input type="checkbox"/>	<p>1-3 days per week, has planned, legal activities described as providing fulfillment or happiness</p> <p>School Aged Youth: Enrolled in school and attending class 4 days per week</p>	
<input type="checkbox"/>	<p>4+ days per week, has planned, legal activities described as providing fulfillment or happiness</p> <p>School Aged Youth: Enrolled in school and maintaining regular attendance</p>	

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