

BTG VI-SPDAT V3 (Family)

Identifying

First Name*: _____ Last Name *: _____

Client has nickname

Nickname _____

Birth Date*: _____

Full DOB

Partial (MM/YY)

Partial (DD/YY)

Age: _____

Client doesn't know

Refused

Data not collected

Gender*

Male

Female

Transgender Male to Female

Transgender Female to Male

Client Refused

Other _____

Social Security#*: _____

Full

Partial

Client doesn't know

Refused

Data Not Collected

Which VI SPDAT would you like to fill out for this client*?

Family

Citizenship Status*

U.S. Citizen

Eligible Non-Citizen

Non-US Citizen COFA

U.S. National (American Samoa or Swains Island)

Ineligible Non-Citizen

Undocumented

Client doesn't know

Client refused

Data Not Collected

Language in which client is best able to express him/herself*?

Chinese

Japanese

Tagalog

Chuukese

Korean

Vietnamese

English

Marshallese

Other

Ilocano

Spanish

Has client ever served in the US Military*?

Yes No Refused

Contact Info

Is there a phone number where someone can safely get in touch with you or leave a message?

Yes No

If Yes,

Cell Phone: _____

Primary

Secondary

Tertiary

Home Phone: _____

Primary

Secondary

Tertiary

Work Phone: _____

Primary

Secondary

Tertiary

Is there an email where someone can safely get in touch with you*?

Yes No

If Yes,

Email: _____

Confirm Email: _____

Sharing

Relationship to Head of Household*

Self (H of H)

Sharing* Shared Not Shared

BTG CES Contact (You must have at least one contact in order to proceed with the workflow)

Name* _____

Email* _____

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Add Family Member

First Name*: 1) _____	Last Name *: _____	Birth Date*: _____	Age: _____	Gender*: _____
Relationship to Head of Household* <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	Social Security#*: _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial (MM/YY) <input type="checkbox"/> Partial (DD/YY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M-F <input type="checkbox"/> Trans F-M <input type="checkbox"/> Refused <input type="checkbox"/> Other	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*: 2) _____	Last Name *: _____	Birth Date*: _____	Age: _____	Gender*: _____
Relationship to Head of Household* <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	Social Security#*: _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial (MM/YY) <input type="checkbox"/> Partial (DD/YY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M-F <input type="checkbox"/> Trans F-M <input type="checkbox"/> Refused <input type="checkbox"/> Other	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*: 3) _____	Last Name *: _____	Birth Date*: _____	Age: _____	Gender*: _____
Relationship to Head of Household* <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	Social Security#*: _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial (MM/YY) <input type="checkbox"/> Partial (DD/YY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M-F <input type="checkbox"/> Trans F-M <input type="checkbox"/> Refused <input type="checkbox"/> Other	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

First Name*: 4) _____	Last Name *: _____	Birth Date*: _____	Age: _____	Gender*: _____
Relationship to Head of Household* <input type="checkbox"/> Spouse <input type="checkbox"/> Other Relative <input type="checkbox"/> Child <input type="checkbox"/> Other Non-Relative <input type="checkbox"/> Step-Child <input type="checkbox"/> Unknown <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Guardian <input type="checkbox"/> Foster-Child	Social Security#*: _____ <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial (MM/YY) <input type="checkbox"/> Partial (DD/YY) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trans M-F <input type="checkbox"/> Trans F-M <input type="checkbox"/> Refused <input type="checkbox"/> Other	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused				

To add additional family members, please use the VI Family additional member form page 2a.

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VI SPDAT Enrollment Add/Edit

Program Entry Date*: _____

Program (County)*: _____

Provider*: _____

Restricted Information* Shared Not Shared

General Information/Consent

Family or Individual* (HMIS Self Populates) _____

HOH Age* (HMIS Self Populates) _____

Staff

Interviewer's Name*: _____

Position*: Team Volunteer

Interview location*: _____

Survey Date and Time*: _____

Has Consented to Participate*: Yes No

Pets?*

Yes

No

Identifies as LGBTQ2+?*

Yes

No

Client refused

Is there a second parent currently in the household ?* Yes No

2nd Parent Name*: _____

2nd Parent Interview location*: _____

2nd Parent Survey Date and Time*: _____

Pets?*

Yes

No

Identifies as LGBTQ2+?*

Yes

No

Client refused

Section One: Children Within the Household

1. How many children under the age of 18 are currently with you?* _____ Answered Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?* _____

3. Is any member of the family currently pregnant?* Yes No Refused

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Section Two: Presenting Needs

For 5a-5g, Most days can you and your family:

- | | | | |
|--|---|--|---|
| 5a. Find a safe place to sleep?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 5b. Access a bathroom when you need it?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 5c. Access a shower when you need it?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 5d. Get food?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 5e. Get water or other non-alcoholic beverages to stay hydrated?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 5f. Get clothing or access laundry when you need it?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 5g. Safely store your stuff?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

Section Three: Housing History and Chronic Homelessness Determination

- | | | | |
|---|---|---|---|
| 6. How long has it been since you and your family lived in stable, permanent housing (in months)?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused | 7. In the past three years, how many times have you been homeless?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused |
| 9. Do you have any diagnosed, documented, disabling condition?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 8. IF ANSWER TO QUESTION 7 IS 2 OR MORE: Thinking about those last three years, if you add up all the months you and your family were homeless, what is the total length of time you and your family has experienced homelessness?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused |
| 11. Have you and your family ever been evicted?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 10. Has your family ever lived in a home that you own or an apartment in your name?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

Section 4: Vulnerabilities and Housing Support Needs

For 12a-12f, in the past six months, how many times have you or anyone in your family:

- | | | | |
|---|---|--|---|
| 12a. Gone to the emergency room/department?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused | 12b. Taken an ambulance to the hospital?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused |
| 12c. Been hospitalized as an inpatient?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused | 12d. Used a crisis service or hotline for such concerns as family/intimate partner violence or suicide prevention?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused |
| 12e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused | 12f. Stayed one or more nights in a holding cell, jail or prison?* _____ | <input type="checkbox"/> Answered
<input type="checkbox"/> Refused |

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Section 4: Vulnerabilities and Housing Support Needs (continued)

For 13a-13e, Since your family has been homeless:

- 13a.** Has anyone in your family been beaten up or assaulted?*
- Yes
 No
 Refused
- 13b.** Has anyone in your family threatened to beat up or assault someone else?*
- Yes
 No
 Refused
- 13c.** Has anyone in your family threatened to harm themselves or harmed themselves?*
- Yes
 No
 Refused
- 13d.** Has anyone threatened you or anyone in your family with violence or made you feel unsafe?*
- Yes
 No
 Refused
- 13e.** Has anyone tried to control you or anyone in your family through violence or threats of violence whether that be a stranger, friend, partner, relative or someone in your family?*
- Yes
 No
 Refused

For 14a-14e, Does anyone in the family have any legal stuff going on now that might result in any of the following:

- 14a.** Being locked up?*
- Yes
 No
 Refused
- 14b.** Having to pay fines or fees that you cannot afford?*
- Yes
 No
 Refused
- 14c.** Impact your family's ability to get housing?*
- Yes
 No
 Refused
- 14d.** Impact where you and your family could live in your housing?*
- Yes
 No
 Refused
- 14e.** Impact your family's ability to stay together?*
- Yes
 No
 Refused
- 15.** Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing?*
- Yes
 No
 Refused
- 16.** Does anyone force or trick you or anyone in your family to do things that you do not want to do?*
- Yes
 No
 Refused
- 17.** Where do you and your family sleep most frequently?*
- Shelters
 Car, Van, RV
 Outdoors
 Couch surfing
 Transitional Housing
 Other _____
 Refused
- 18.** Does anyone in your family ever do things that may be considered risky like exchange sex for money, run drugs, share a needle, do sex work or anything like that?*
- Yes
 No
 Refused
- 19.** Is there anyone that thinks you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card or utility company or anyone like that?*
- Yes
 No
 Refused
- 20.** Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labor, an inheritance, a pension, or anything like that?*
- Yes
 No
 Refused
- 21.** Do you or anyone in your family ever gamble with money you cannot afford to lose or have debts associated with gambling?*
- Yes
 No
 Refused
- 22.** Does everyone in your family have planned activities, other than just surviving, at least four days a week that make them feel happy and fulfilled?*
- Yes
 No
 Refused
- 23.** Does your family have a collection of belongings that get in the way with your ability to access services or housing?*
- Yes
 No
 Refused

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Vulnerabilities and Housing Support Needs (continued)

For 24a-24c, Would you say that your family's current homelessness was caused by any of the following:

- | | | | |
|--|---|---|---|
| 24a. A relationship that broke down?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 24b. An unhealthy or abusive relationship?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 24c. Because friends or family caused you to lose your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 25. Do most of your family and friends have stable housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 26. Is anyone in your current household 60 years of age or older?* (<i>HMIS self-populates</i>) | | 27. Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

For 28a-28c, Does anyone in your family use alcohol or drugs in a way that it:

- | | | | |
|---|---|---|---|
| 28a. Impacts your life in a negative way most days?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 28b. Makes it hard to access housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 28c. Might require assistance to maintain housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

For 29a-29d, Are there any medications that, for whatever reason:

- | | | | |
|--|---|---|---|
| 29a. A doctor said someone in your family should be taking but they are not taking?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 29b. The medication gets sold instead of taking?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 29c. The medication is used other than how it is prescribed?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 29d. The medication is impossible to take, forgotten or chosen not to take it?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 30. Has your family's current period of homelessness been caused by any recent or past trauma or abuse?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 31. Are there any children that have been removed from the family by a child protection service in the last 6 months?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 32. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 33. In the last 6 months, have any of your children been separated from you to live with another family member or friend?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 34. In the last 6 months, have any of the children experienced abuse or trauma?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | CONDITIONAL QUESTION: IF THERE ARE SCHOOL-AGED CHILDREN: | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| | | 35. Do your children attend school more often than not each week?* | |

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Vulnerability and Housing Support Needs (Continued)

36. In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that?*

- Yes
- No
- Refused

37. Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed ?*

- Yes
- No
- Refused

38. Does your family have a support network for when you need help with your children or other things that come up?*

- Yes
- No
- Refused

CONDITIONAL QUESTION: IF THERE ARE CHILDREN 12 & YOUNGER AS WELL AS 13 & OVER:

- Yes
- No
- Refused

35. Do the older kids spend 2 or more hours on a typical day helping their siblings with things like getting ready for school, homework, dinner, bathing them or anything like that?*

Follow-Up Questions

On a typical day, what is the best way to reach you?*

What time of day is it easiest to do so?*

- Specific Time _____
- Morning (8 am – Noon)
- Evening (4 – 8 pm)
- Afternoon (Noon – 4pm)
- Night (8 pm – 12 midnight)

If that is unsuccessful, what is the next best way to reach you?*

Ok, I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so? Yes No

Veteran Assessment (If client is a Veteran)

Date Entered Service* _____ Date Separated from Service* _____

Months of Active Duty* _____

Are you required to register as a sex offender?*

- No Yes

VI SPDAT Sub Population (if applicable)

AMHD-Registered*: Yes No Verifier's Name*: _____

CCS-Registered*: Yes No Verifier's Name*: _____

*Verifier MUST be AMHD/CCS Staff or Case Manager