

BTG VI-SPDAT V3 (TAY)

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

Questioning

A gender that is not singularly 'Female' or 'Male'

Client Doesn't Know

Client Refused

Data Not Collected

Social Security#*: _____

Full

Partial

Client doesn't know

Refused

Data Not Collected

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

Youth (24 and younger)

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

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

Name* _____

Email* _____

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

Client identifies as LGBTQ2+?* Yes
 No
 Client refused

Client has pets?* Yes
 No

Section One: Presenting Needs

For 1a-1g, Most days can you:

- 1a.** Find a safe place to sleep?* Yes
 No
 Refused
- 1c.** Access a shower when you need it?* Yes
 No
 Refused
- 1e.** Get water or other non-alcoholic beverages to stay hydrated?* Yes
 No
 Refused
- 1g.** Safely store your stuff?* Yes
 No
 Refused

- 1b.** Access a bathroom when you need one?* Yes
 No
 Refused
- 1d.** Get food?* Yes
 No
 Refused
- 1f.** Get clothing or access laundry when you need it?* Yes
 No
 Refused

Section Two: Housing History and Chronic Homelessness Determination

2. How long has it been since you lived in stable, permanent housing (in months)?* _____
 Answered
 Refused
3. In the past three years, how many times have you been homeless?*_ _____
 Answered
 Refused
- 4. IF ANSWER TO QUESTION 3 IS 4 OR MORE:** Thinking about those last three years, if you add up all the months you were homeless, what is the total length of time you have experienced homelessness?*_ _____ (*months*)
5. Do you have any diagnosed, documented, disabling condition?*
 Yes
 No
 Refused
6. Have you ever lived in a home that you own or an apartment in your name?*
 Yes
 No
 Refused
7. Have you and/or your family spent a lot of time without stable housing? Did you move around a lot?*
 Yes
 No
 Refused
8. Were you an out of home placement (foster care, group home, etc) as a minor?*
 Yes
 No
 Refused

Section Three: Vulnerability and Housing Support Needs

For 9a-9f, in the past six months, how many times have you:

- 9a. Received health care at an emergency department/room?* _____
 Answered
 Refused
- 9b. Taken an ambulance to the hospital?*_ _____
 Answered
 Refused
- 9c. Been hospitalized as an inpatient?*_ _____
 Answered
 Refused
- 9d. Used a crisis service including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?*_ _____
 Answered
 Refused
- 9e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime or because the police told you that you must move along?*_ _____
 Answered
 Refused
- 9f. Stayed one or more nights in jail, a holding cell, prison or juvenile detention whether it was short term like the drunk tank, a longer stay for a more serious offence, or anything in between?*_ _____
 Answered
 Refused

For 10a-10e, Since you have been homeless:

- 10a. Have you been beaten up or assaulted?*
 Yes
 No
 Refused
- 10b. Have you threatened to beat up or assault someone else?*
 Yes
 No
 Refused
- 10c. Have you threatened to harm yourself or harmed yourself?*
 Yes
 No
 Refused
- 10d. Has anyone threatened you with violence or made you feel unsafe?*
 Yes
 No
 Refused
- 10e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent?*
 Yes
 No
 Refused

Vulnerability and Housing Support Needs (Continued)

For 11a-11d, Do you have any legal stuff going on right now that might result in any of the following:

- | | |
|---|---|
| <p>11a. Being locked up?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>11b. Having to pay fines or fees that you cannot afford?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>11c. Impact your ability to get housing?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>11d. Impact where you could live in your housing?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>12. Have you ever been convicted of a crime that makes it difficult to access or maintain housing?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>13. Did you spend time in Juvenile Corrections & Detention prior to age 18? Were you ever incarcerated when younger than age 18?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>14. Does anyone trick, manipulate, exploit or force you to do things you do not want to do?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | |
| <p>15. Where do you sleep most frequently?*</p> <p><input type="checkbox"/> Shelters
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Couch surfing</p> | <p><input type="checkbox"/> Outdoors
<input type="checkbox"/> Car, Van or RV
<input type="checkbox"/> Refused
<input type="checkbox"/> Other _____</p> |
| <p>16. Do you ever do things that may be considered risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>17. Is there anyone that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card or utility company or anyone like that?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>18. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>19. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>20. Do you have any planned activities, other than just survival, at least four days a week that make you feel happy and fulfilled?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>21. Do you have a collection of belongings that get in the way with your ability to access services or housing?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |

For 22a-22c, Would you say that your current homelessness was caused by any of the following:

- | | |
|---|--|
| <p>22a. You went on the run from a family home, group home or foster home?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>22b. There was violence at the home between family members?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>22c. There were differences in religious or cultural beliefs between your parents, guardians or caregivers?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>22d. There were conflicts about gender identity or sexual orientation?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> |
| <p>23. Do most of our family and friends have stable housing?*</p> <p><input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused</p> | <p>24. Are you 17 years of age or younger?* (<i>HMIS Self-populates</i>)</p> |

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Vulnerability and Housing Support Needs (Continued)

25. Do you have any physical or mental health issues or cognitive issues including a brain injury, that you might require assistance to access or keep housing?*

Yes
 No
 Refused

26. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant?*

Yes
 No
 Refused

27. Were you pregnant or did you get someone else pregnant as a minor?*

Yes
 No
 Refused

For 28a-28c, Do you use alcohol or drugs in a way that it:

28a. Impacts your life in a negative way most days?*

Yes
 No
 Refused

28b. Makes it hard to access housing?*

Yes
 No
 Refused

28c. Might require assistance to maintain housing?*

Yes
 No
 Refused

29. Did you try marijuana at or under the age of 12 years old?*

Yes
 No
 Refused

For 30a-30d, Are there any medications that, for whatever reason:

30a. You sell instead of taking?*

Yes
 No
 Refused

30b. You use in a way other than how it is prescribed?*

Yes
 No
 Refused

30c. You can't get to because you don't feel safe?*

Yes
 No
 Refused

30d. You find impossible to take, forget to take or choose not to take?*

Yes
 No
 Refused

31. Has your homelessness been caused by any recent or past trauma or abuse?*

Yes
 No
 Refused

32. **CONDITIONAL:** High risk of long term homelessness?* (*HMIS self-populates*)

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)

Discharge Status* Honorable Bad Conduct Client doesn't know
 General under honorable conditions Dishonorable Client refused
 Under other than honorable conditions Uncharacterized Data not collected

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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**