

# BTG VI-SPDAT V2 (Individual)

## 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\*?

Individual

### 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 VI-SPDAT V2 (Individual)

### 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

### VI SPDAT Enrollment -

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

### A. History of Housing and Homelessness

1. Where do you sleep most frequently?\*

Shelters

Outdoors

Transitional Housing

Refused

Safe Haven

Other \_\_\_\_\_

2. How long has it been since you lived in permanent stable housing (in months)?\* \_\_\_\_\_

Answered

Refused

3. In the past three years, how many times have you been homeless?\*

Answered

Refused

### B. Risks

**For 4a-4f, in the past six months, how many times have you:**

4a. Received health care at an emergency department/room?\* \_\_\_\_\_

Answered

Refused

4b. Taken an ambulance to the hospital?\*: \_\_\_\_\_

Answered

Refused

4c. Been hospitalized as an inpatient?\*

Answered

Refused

4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?\*

Answered

Refused

4e. 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 you that you must move along?\*

Answered

Refused

4f. Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?\*

Answered

Refused

5. Have you been attacked or beaten up since becoming homeless?\*

Yes

No

Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?\*

Yes

No

Refused

## BTG VI-SPDAT V2 (Individual)

### Risks (Continued)

7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live?\*
- Yes  
 No  
 Refused
8. Does anybody force or trick you to do things that you do not want to do?\*
- Yes  
 No  
 Refused
9. Do you ever do things that may be considered to be 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?\*
- Yes  
 No  
 Refused

### C. Socialization and Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?\*
- Yes  
 No  
 Refused
11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?\*
- Yes  
 No  
 Refused
12. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?\*
- Yes  
 No  
 Refused
13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?\*
- Yes  
 No  
 Refused
14. Is your homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?\*
- Yes  
 No  
 Refused

### D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?\*
- Yes  
 No  
 Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?\*
- Yes  
 No  
 Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?\*
- Yes  
 No  
 Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?\*
- Yes  
 No  
 Refused
19. When you are sick or not feeling well, do you avoid getting help?\*
- Yes  
 No  
 Refused
20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant?\*
- Yes  
 No  
 Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?\*
- Yes  
 No  
 Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?\*
- Yes  
 No  
 Refused

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### Wellness (Continued)

**23a.** Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a mental health issue or concern?\*

Yes  
 No  
 Refused

**23c.** Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a learning disability, developmental disability, or other impairment?\*

Yes  
 No  
 Refused

**25.** Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?\*

Yes  
 No  
 Refused

**27. YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?\*

Yes  
 No

**23b.** Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of a past head injury?\*

Yes  
 No  
 Refused

**24.** Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?\*

Yes  
 No  
 Refused

**26.** Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?\*

Yes  
 No  
 Refused

### Follow-Up Questions

**On a regular day, where is it easiest to find 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)

**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       Client doesn't know  
 Refused       Data Not Collected

### Veteran Assessment (If client is a Veteran)

**Discharge Status\***

<input type="checkbox"/> Honorable	<input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Dishonorable	<input type="checkbox"/> Client refused
<input type="checkbox"/> Under other than honorable conditions	<input type="checkbox"/> Uncharacterized	<input type="checkbox"/> Data not collected

**Date Entered Service\*** \_\_\_\_\_ **Date Separated from Service\*** \_\_\_\_\_

**Months of Active Duty\*** \_\_\_\_\_

**Are you required to register as a sex offender?\***

No     Yes