

BTG VI-SPDAT V1 (Youth)

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*?

TAY

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

Chuukese

English

Ilocano

Japanese

Korean

Marshallese

Spanish

Tagalog

Vietnamese

Other _____

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

Consent*

Yes

No

Date of Consent*: _____

Relationship to Head of Household*

Self

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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

VI SPDAT Enrollment -

Family Or Individual* (HMIS Self Populates) _____

HOH Age* (HMIS Self Populates) _____

Interviewer's Name*: _____

Agency Staff
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?*

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Shelters | <input type="checkbox"/> Outdoors |
| <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Safe Haven | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Couch Surfing | |

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

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, prison or juvenile detention, 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

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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. Were you ever incarcerated when younger than age 18?*
- Yes
 No
 Refused
9. Does anybody force or trick you to do things that you do not want to do?*
- Yes
 No
 Refused
10. 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

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?*
- Yes
 No
 Refused
12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?*
- Yes
 No
 Refused
13. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?*
- Yes
 No
 Refused
14. 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

Is your current lack of stable housing...

- 15a. Because you ran away from your family home, a group home or a foster home?*
- Yes
 No
 Refused
- 15b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?*
- Yes
 No
 Refused
- 15c. Because your family or friends caused you to become homeless?*
- Yes
 No
 Refused
- 15d. Because of conflicts around gender identity or sexual orientation?*
- Yes
 No
 Refused
- 15e. Because of violence at home between family members?*
- Yes
 No
 Refused
- 15f. Because of an unhealthy or abusive relationship, either at home or elsewhere?*
- Yes
 No
 Refused

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?*
- Yes
 No
 Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?*
- Yes
 No
 Refused
18. 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
19. 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

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Wellness (continued)

20. When you are sick or not feeling well, do you avoid getting medical help?*

Yes
 No
 Refused

22. 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

24. If you've ever used marijuana, did you ever try it at age 12 or younger?*

Yes
 No
 Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

Yes
 No
 Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?*

Yes
 No
 Refused

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:

25a. A mental health issue or concern?*

Yes
 No
 Refused

25c. A learning disability, developmental disability, or other impairment?*

Yes
 No
 Refused

26. 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

28. 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

25b. A past head injury?*

Yes
 No
 Refused

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

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)
- Afternoon (Noon – 4)
- Evening (4 – 8 pm)
- Night (8–12 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