

# 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

Questioning

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

Client Refused

Client doesn't know

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\*?

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\* \_\_\_\_\_

## BTG VI-SPDAT V3 (Family)

### Add Family Member

<b>First Name*:</b> 1) _____	<b>Last Name *:</b> _____	<b>Birth Date*:</b> _____	<b>Age:</b> _____
<b>Relationship to Head of Household*</b> <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	<b>Social Security#*:</b> _____ <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	<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male'			

<b>First Name*:</b> 2) _____	<b>Last Name *:</b> _____	<b>Birth Date*:</b> _____	<b>Age:</b> _____
<b>Relationship to Head of Household*</b> <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	<b>Social Security#*:</b> _____ <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	<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male'			

<b>First Name*:</b> 3) _____	<b>Last Name *:</b> _____	<b>Birth Date*:</b> _____	<b>Age:</b> _____
<b>Relationship to Head of Household*</b> <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	<b>Social Security#*:</b> _____ <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	<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Female <input type="checkbox"/> Client Refused <input type="checkbox"/> Transgender <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Questioning <input type="checkbox"/> A gender that is not singularly 'Female' or 'Male'			

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

# BTG VI-SPDAT V3 (Family)

## 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

2<sup>nd</sup> Parent Name\*: \_\_\_\_\_

2<sup>nd</sup> Parent Interview location\*: \_\_\_\_\_

2<sup>nd</sup> 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

**Section Two: Presenting Needs**

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

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

**Section Three: Housing History and Chronic Homelessness Determination**

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

- |   |   |  |   |
|---|---|--|---|
| <b>12a.</b> Gone to the emergency room/department?* _____ | <input type="checkbox"/> Answered<br><input type="checkbox"/> Refused | <b>12b.</b> Taken an ambulance to the hospital?* _____   | <input type="checkbox"/> Answered<br><input type="checkbox"/> Refused |
| <b>12c.</b> Been hospitalized as an inpatient?* _____     | <input type="checkbox"/> Answered<br><input type="checkbox"/> Refused | <b>12d.</b> Used a crisis service or hotline for such concerns as family/intimate partner violence or suicide prevention?* _____ | <input type="checkbox"/> Answered<br><input type="checkbox"/> Refused |

## BTG VI-SPDAT V3 (Family)

**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?\*

- Answered  
 Refused

**12f.** Stayed one or more nights in a holding cell, jail or prison?\*

- Answered  
 Refused

### 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

**13c.** Has anyone in your family threatened to harm themselves or harmed themselves?\*

- 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

**13b.** Has anyone in your family threatened to beat up or assault someone else?\*

- Yes  
 No  
 Refused

**13d.** Has anyone threatened you or anyone in your family with violence or made you feel unsafe?\*

- 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

**14c.** Impact your family's ability to get housing?\*

- Yes  
 No  
 Refused

**14e.** Impact your family's ability to stay together?\*

- 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

**14b.** Having to pay fines or fees that you cannot afford?\*

- Yes  
 No  
 Refused

**14d.** Impact where you and your family could live in your housing?\*

- 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

**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

**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

**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

**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

## BTG VI-SPDAT V3 (Family)

- |   |   |   |   |
|---|---|---|---|
| <b>22.</b> 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?* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>23.</b> Does your family have a collection of belongings that get in the way with your ability to access services or housing?* | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
|---|---|---|---|

### 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:

- |  |   |   |   |
|--|---|---|---|
| <b>24a.</b> A relationship that broke down?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>24b.</b> An unhealthy or abusive relationship?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>24c.</b> Because friends or family caused you to lose your housing?*                                  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>25.</b> Do most of your family and friends have stable housing?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>26.</b> Is anyone in your current household 60 years of age or older?* ( <i>HMIS self-populates</i> ) |   | <b>27.</b> 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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |

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

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

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

- |  |   |   |   |
|--|---|---|---|
| <b>29a.</b> A doctor said someone in your family should be taking but they are not taking?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>29b.</b> The medication gets sold instead of taking?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>29c.</b> The medication is used other than how it is prescribed?*   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>29d.</b> The medication is impossible to take, forgotten or chosen not to take it?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>30.</b> Has your family's current period of homelessness been caused by any recent or past trauma or abuse?*  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>31.</b> 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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |
| <b>32.</b> 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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused | <b>33.</b> 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<br><input type="checkbox"/> No<br><input type="checkbox"/> Refused |

## BTG VI-SPDAT V3 (Family)

34. In the last 6 months, have any of the children experienced abuse or trauma?\*

- Yes  
 No  
 Refused

**CONDITIONAL QUESTION: IF THERE ARE SCHOOL-AGED CHILDREN:**

35. Do your children attend school more often than not each week?\*

- Yes  
 No  
 Refused

## 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:**

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?\*

- Yes  
 No  
 Refused

## 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

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)

**BTG VI-SPDAT V3 (Family)**

---

AMHD-Registered\*:  Yes  No

Verifier's Name\*: \_\_\_\_\_

CCS-Registered\*:  Yes  No

Verifier's Name\*: \_\_\_\_\_

**\*Verifier MUST be AMHD/CCS Staff or Case Manager**