

BTG VI-SPDAT V3 (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
- 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*?

- 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
- 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

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

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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*)
 Answered
 Refused
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 ever been evicted?*_
 Yes
 No
 Refused

Section Three: Vulnerability and Housing Support Needs

For 8a-8f, in the past six months, how many times have you:

- 8a. Gone to the emergency department/room?*_ _____
 Answered
 Refused
- 8b. Taken an ambulance?*_ _____
 Answered
 Refused
- 8c. Been hospitalized as an inpatient?*_ _____
 Answered
 Refused
- 8d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention?*_ _____
 Answered
 Refused
- 8e. 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 because of loitering, sleeping in a public place or anything like that?*_ _____
 Answered
 Refused
- 8f. Stayed one or more nights in jail, a holding cell or prison?*_ _____
 Answered
 Refused

For 9a-9e, Since you have been homeless:

- 9a. Have you been beaten up or assaulted?*_
 Yes
 No
 Refused
- 9b. Have you threatened to beat up or assault someone else?*_
 Yes
 No
 Refused
- 9c. Have you threatened to harm yourself or harmed yourself?*_
 Yes
 No
 Refused
- 9d. Has anyone threatened you with violence or made you feel unsafe?*_
 Yes
 No
 Refused
- 9e. 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

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Vulnerability and Housing Support Needs (continued)

For 10a-10d, Do you have any legal stuff going on right now that might result in any of the following:

- | | | | |
|---|---|---|---|
| 10a. Being locked up?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 10b. Having to pay fines or fees that you cannot afford?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 10c. Impact your ability to get housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 10d. Impact where you could live in your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 11. Have you ever been convicted of a crime that makes it difficult to access or maintain housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 12. Does anyone force or trick you to do things you do not want to do?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 13. Where do you sleep most frequently?* | <input type="checkbox"/> Shelters
<input type="checkbox"/> Transitional Housing
<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Couch surfing | <input type="checkbox"/> Outdoors
<input type="checkbox"/> Car, Van, or RV
<input type="checkbox"/> Other _____
<input type="checkbox"/> Refused | |
| 14. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs, share a needle, do sex work or anything like that?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 15. 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?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 16. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 17. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 18. Do you have any planned activities, other than just surviving, that make you feel happy and fulfilled?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 19. Do you have a collection of belongings that gets in the way with your ability to access services or housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |

For 20a-20c, Would you say that your current homelessness was caused by any of the following:

- | | | | |
|---|---|--|---|
| 20a. A relationship that broke?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 20b. An unhealthy or abusive relationship?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 20c. Because friends or family caused you to lose your housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | 21. Do most of your family and friends have stable housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 22. Are you 60 years of age or older?*(<i>HMIS Self populates</i>) | | 23. Do you have any physical, mental health or cognitive issues including a brain injury, that you would require assistance to access or keep housing?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused |
| 24. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant?* | <input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused | | |

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Vulnerability and Housing Support Needs (continued)

For 25a-25c, Do you use alcohol or drugs in a way that it:

- 25a.** Impacts your life in a negative way most days?*
- Yes No Refused
- 25b.** Makes it hard to access housing?*
- Yes No Refused
- 25c.** Would require assistance to maintain housing?*
- Yes No Refused

For 26a-26d, Are there any medications that, for whatever reason:

- 26a.** A doctor says you should be taking but you are not taking?*
- Yes No Refused
- 26b.** You sell instead of taking?*
- Yes No Refused
- 26c.** You use in a way other than how it is prescribed?*
- Yes No Refused
- 26d.** You find impossible to take, forget to take or choose not to take?*
- Yes No Refused
- 27.** Has your homelessness been caused by any recent or past trauma or abuse?*
- 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)

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

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

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