

ADMINISTRATION

First Name:	Last Name:	
Date:	Date of Birth:	
Start Time:	Gender Identity- Male, Female, Transgender, Other (specify):	
End Time:	Identifies as LGBTQ2S+?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity:	
	Indigenous:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OPENING SPEAKING POINTS

Cover the following in the opening explanation of the VI-SPDAT each time:

- The purpose of doing the triage
- Approximately how long it will take
- How to answer the questions (yes, no or simple one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like whether or not they meet the definition of chronic homelessness)
- Consent to participate in the process

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



SECTION ONE: PRESENTING NEEDS

1. Most days can you:

- a. Find a safe place to sleep Y N R
- b. Access a bathroom when you need it Y N R
- c. Access a shower when you need it Y N R
- d. Get food Y N R
- e. Get water or other non-alcoholic beverages to stay hydrated Y N R
- f. Get clothing or access laundry when you need it Y N R
- g. Safely store your stuff Y N R NA

Score 1 if NO to Question 1 a, b, c, d, e, f or g

SECTION TWO: HOUSING HISTORY

2. Over the past 12 months, what is the total length of time you have been homeless? _____

3. In the last three years, how many times have you been homeless? _____

4. IF THE ANSWER TO QUESTION 3 IS 2 OR MORE:

Thinking about those last three years and the different times you were homeless... if you add up all the months you were homeless, what is the total length of time you have experienced homelessness? _____ months

Score 1 if any of the following conditions are met:

- If the person experienced:
 - 6 or more months homelessness in the last 12 months; **OR**
 - 2 or more episodes of homelessness in the last three years which total 18 or more months.

5. Have you ever lived in a home that you own or an apartment in your name? Y N R

6. Have you ever been evicted? Y N R

Score 1 if NO to Question 5 and/or YES to Question 6



SECTION THREE: VULNERABILITIES AND HOUSING SUPPORT NEEDS

- | 7. In the last 6 months, how many times have you: | # of times |
|--|------------|
| a. Gone to the emergency room/department | _____ |
| b. Taken an ambulance | _____ |
| c. Been hospitalized as an inpatient | _____ |
| d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention | _____ |
| e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that | _____ |
| f. Stayed one or more nights in jail, a holding cell or prison | _____ |

If the total number of interactions equals 4 or more, score 1.

8. Since you have been homeless:
- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Have you been beaten up or assaulted | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Have you threatened to beat up or assault someone else | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Have you threatened to harm yourself or harmed yourself | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Has anyone threatened you with violence or made you feel unsafe | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Has anyone tried to control you through violence or threats of violence whether that be a stranger, friend, partner, relative or parent | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to any of Question 8, score 1.

9. Do you have any legal stuff going on right now that may result in any of the following:
- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Being locked up | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Having to pay fines or fees that you cannot afford | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Impact your ability to get housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Impact where you could live in the community | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
10. Have you ever been convicted of a crime that would make it difficult to access or maintain housing? Y N R

If YES to any of Question 9 and/or YES to Question 10, score 1.



11. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? Y N R

12. Where do you sleep most frequently? (*select one response*)

- Shelters Transitional Housing Couch Surfing
 Outdoors Car Other _____

13. Do you ever do things that may be considered to be risky or harmful like run drugs, share a needle, exchange sex for money, drugs, protection or a temporary place to stay, or anything like that? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 11;
- If the person stays any place other than Shelters or Transitional Housing in Question 12;
- YES to Question 13.

14. Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that? Y N R

15. Do you get any money from the government, a job, working under the table, day labour, an inheritance or a pension, or anything like that? Y N R

16. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? Y N R

Score 1 if any of the following conditions are met:

- YES to Question 14;
- NO to Question 15;
- YES to Question 16.

17. Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled? Y N R

If NO to Question 17, score 1.

18. Do you have a collection of belongings that gets in the way with your ability to access services or housing? Y N R

If YES to Question 18, score 1.

19. Would you say that your current homelessness was caused by any of the following:
- a. A relationship that broke down Y N R
 - b. An unhealthy or abusive relationship Y N R
 - c. Because family or friends caused you to lose your housing Y N R



20. Do most of your family and friends have stable housing? Y N R

If YES to any of Question 19, and/or NO to Question 20, score 1.

21. Are you 60 years of age or older? Y N R

22. Do you have any physical health issues that might require assistance in order to access or keep housing? Y N R

23. Are you currently pregnant? (If applicable) Y N R

If YES to any of Question 21, 22 or 23, score 1.

24. Do you have any issues with your mental health or cognitive issues including a brain injury that might require assistance in order to access or keep housing? Y N R

If YES to Question 24, score 1.

25. Do you use alcohol or drugs in a way that it:

a. Impacts your life in a negative way most days Y N R NA

b. Makes it hard to access housing Y N R NA

c. Would require assistance to maintain housing Y N R NA

If YES to any of Question 25, score 1

26. Are there any medications that, for whatever reason:

a. A doctor said you should be taking but you are not taking Y N R NA

b. You sell instead of taking Y N R NA

c. You use in a way other than how it is prescribed Y N R NA

d. You find impossible to take, forget to take or choose not to take Y N R NA

If YES to any of Question 26, score 1.

27. Has your homelessness been caused by any recent or past trauma or abuse? Y N R

If YES to Question 27, score 1.

TOTAL SCORE



SCORING RANGE	RECOMMENDED COURSE OF ACTION
0-3	Assess for least intensive service supports
4-7	Assess for moderate and often time-limited supports
8+	Assess for high intensity supports lasting for a longer duration of time and perhaps even permanently

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

If that is unsuccessful, what is the next best way to reach you?

