









Family Prevention VI-SPDAT


Use for Category 2 Households with adults and children

FAMILY PR VI-SPDAT [V2]

Assessment Date	12/27/2023 
Assessment Location	Select 
Assessment Type	Select 
Assessment Level	Select 
Primary Language	Select 
Identifies as LGBTQ2+?	Select 
Survey Location	Select 
Has Pet(s)?	Select 
Is there a secondary Head of Household?	<input type="checkbox"/>


SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

How many children under the age of 18 are currently with you?

Select 


- Select
- 0 Children
- 1 Child
- 2 Children
- 3 Children
- 4 Children
- 5 Children
- 6 Children
- 7 Children
- 8 Children
- 9 Children
- 10 Children

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?

Select 

- Select
- 0 Children
- 1 Child
- 2 Children
- 3 Children
- 4 Children
- 5 Children
- 6 Children
- 7 Children
- 8 Children
- 9 Children
- 10 Children

Is any member of the family currently pregnant (if applicable)?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer
- Data not collected

PLEASE PROVIDE A LIST OF CHILDREN IN YOUR HOUSEHOLD:


Child 1: Full Name

Child 1: DOB

__/__/__ 

Child 1: Age


Child 1: With Family?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer


I WANT TO ASK YOU SOME QUESTIONS ABOUT YOUR SAFETY IN YOUR CURRENT SITUATION:

Are you or anyone in your family currently being harmed or at risk of being harmed by another person such as a spouse, relative, parent or friend?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Have you or anyone in your family experienced violence or threats of violence in the last six months that has an impact on feeling safe where you live?

Select 


- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Would you say that your family's current risk of eviction is caused by a relationship that broke down?

Select 

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer


Would you say that your family's current risk of eviction is caused by an unhealthy or abusive relationship?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Would you say that your family's current risk of eviction is because family or friends are causing your housing crisis?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Is your current risk of eviction caused by any recent or past trauma or abuse?


Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

NOW, LET'S EXAMINE SOME OF THE OTHER LIFE AREAS THAT MIGHT IMPACT LONG-TERM HOUSING STABILITY:


Do you or anyone in your family have any legal stuff going on right now that may result in being locked up?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Do you or anyone in your family have any legal stuff going on right now that may result in having to pay fines or fees that you cannot afford?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Do you or anyone in your family have any legal stuff going on right now that may impact your ability to get housing?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Do you or anyone in your family have any legal stuff going on right now that may impact where you could live in the community?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Do you or anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


In the last six months have you or anyone in your family been beaten up or assaulted?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


In the last six months have you or anyone in your family threatened to beat up or assault someone else?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


In the last six months have you or anyone in your family threatened to harm yourself or harmed yourself?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


In the last six months have you or anyone in your family been threatened with violence or made to feel unsafe?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


In the last six months have you or anyone in your family experienced someone trying to control you/them with violence or threats of violence whether that be a stranger, friend, partner, relative or parent?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does anyone trick, manipulate, exploit or force you or anyone in your family to do things you do not want to do?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

At any point in the last three years have you and/or your family stayed in a shelter, transitional housing, in your car, on the street, outdoors, or any other place not fit for people to live?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

IN THE LAST SIX MONTHS HAVE YOU ACCESSED SUPPORTS FROM ANY CHURCHES, OTHER FAITH GROUPS, OR A NON-PROFIT ORGANIZATION TO:

Get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Within the last six months in your current housing, how many complaints have there been about you/your unit from neighbors, the landlord or tenant/owner, or, the police?

Select ▼

Select

0

1

2

3

4

5 or more

Client doesn't know

Client prefers not to answer

DO ANY OF THE FOLLOWING ISSUES MAKE IT HARD FOR YOU OR ANYONE IN YOUR FAMILY TO FIND OR STAY IN PERMANENT HOUSING OR CONNECT WITH OTHER RESOURCES THAT CAN HELP YOU DO THAT:

Accessible housing because of a disability that requires a special type of housing

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

A poor credit history

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Restrictions on where your family can live because of legal stuff or criminal history in your life

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Special school programming required for any children

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

No references for your housing or poor references on your housing history

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Difficulties understanding or communicating in English

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Difficulties with math that make it difficult to budget or take care of finances

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Safety issues which may include keeping where you live unknown to a past abuser

Select



Select

No

Yes

Client doesn't know

Client prefers not to answer

Are you currently living with too many people in the home for the amount of space you have, and where there are arguments or conflicts because of the overcrowding?

Select



Select


No

Yes

Client doesn't know

Client prefers not to answer


If your current housing was maintained, do you plan on remaining in that place for at least the next 6 months if that is legally possible?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


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

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Do you or anyone in your family get any money from the government, a job, working under the table, day labour, an inheritance or a pension, or anything like that?


Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

What is the total amount of money you and your family currently have including any money in the bank or investments?


Is there anyone currently helping you and/or your family manage your finances like a payee, guardianship, or trustee – because a judge or the government said you have to?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

In the last year, how many times have you and your family received a cash advance or loan from a business, bank or person where you have not repaid the full amount and the interest owed is 15% or more?


Select 

Select

- 0
- 1
- 2
- 3 or more
- Client doesn't know
- Client prefers not to answer

HAVE OTHER MEMBERS OF YOUR FAMILY OR FRIENDS PROVIDED EMERGENCY FINANCIAL ASSISTANCE TO YOU IN THE LAST THREE YEARS TO HELP YOU STAY HOUSED LIKE:


Helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that – where they still expect you to pay them back but you have not been able to?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Does anyone in your family ever gamble with money you cannot afford to lose or have debts associated with gambling?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Does everyone in your family have planned activities, other than just surviving, at least 4 days per week that make you feel happy and fulfilled?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family find a safe place to sleep?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family access a bathroom when you need it?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family access a shower when you need it?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family get food?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family get water or other non-alcoholic beverages to stay hydrated?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family get clothing or access laundry when you need it?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer


Most days can you and everyone in your family safely store your stuff?

Select 

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer
- N/A


In the past six months, how many times have you or anyone else in your family gone to the emergency room/department?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or anyone else in your family taken an ambulance?

Select 

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or anyone else in your family been hospitalized as an inpatient?

Select ▼

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or anyone else in your family used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention?

Select ▼

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

In last 6 months, # times you/anyone in your family talked to police b/c witnessed a crime, were victim of a crime, were alleged perpetrator of a crime, or b/c they asked you to move along b/c of loitering, sleeping in public place or anything like that?

Select ▼

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

In the past six months, how many times have you or anyone in your family stayed one or more nights in jail, a holding cell or prison?

Select ▼

Select

- 0 times
- 1 time
- 2 times
- 3 times
- 4 times
- 5 or more times
- Client doesn't know
- Client prefers not to answer

Does anyone in your family have any physical health issues that might require assistance in order to access or keep housing?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Is anyone in your family 60 years of age or older?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does anyone in your family use alcohol or drugs in a way that it impacts your life in a negative way most days?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does anyone in your family use alcohol or drugs in a way that it makes it hard to access housing?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does anyone in your family use alcohol or drugs in a way that it might require assistance to maintain housing?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Are there any medications that, for whatever reason a doctor said someone in your family should be taking but you are not taking?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Are there any medications that, for whatever reason the medication gets sold instead of being taken?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Are there any medications that, for whatever reason the medication is used in a way other than how it is prescribed?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Are there any medications that, for whatever reason the medication is impossible to take, forget to take or choose not to take?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Are there any children that have been removed from the family by a child protection service in the last six months?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

At any point in the last six months, have any of your children been separated from you to live with another family member or friend?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

In the last six months, have any of the children experienced abuse or trauma?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

If there are school-aged children: Do your children attend school more often than not each week?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

Select ▼

Select

- No
- Yes
- Client doesn't know
- Client prefers not to answer

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?

Select ▼

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Does your family have a support network for when you need help with your children or other things that come up?

Select ▼

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:

In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that?

Select ▼

- Select
- No
- Yes
- Client doesn't know
- Client prefers not to answer

Private