


FAMILY VI-SPDAT

Use for Category 1 Households with adults and children

Preliminary questions (see below) are the same as the Individual VI-SPDAT except the last three questions are specified for the *primary head of household* ***underlined in red***

FAMILY VI-SPDAT V3		
Assessment Date	12/21/2023	
Assessment Location	Select	▼
Assessment Type	Select	▼
Assessment Level	Select	▼
Primary Language	Select	▼
<u>Primary Head of Household</u> Identifies as LGBTQ2+?	Select	▼
<u>Primary Head of Household</u> Survey Location	Select	▼
<u>Primary Head of Household</u> Has Pet(s)?	Select	▼

If there are no other Heads of Households, leave the following button “Is there a secondary Head of Household” un-toggled:

Is there a secondary Head of Household?

If there is a secondary Head of Household, toggle this button. This will bring up basic demographic fields for the secondary Head of Household (pictured below):

Is there a secondary Head of Household?



Second HoH Full Name

Second HoH Gender

Select

Second HoH Date of Birth

__/__/____

Secondary Head of Household Identifies as LGBTQ2+?

Select

Secondary Head of Household Survey Location

Select

Secondary Head of Household has Pet(s)?

Select

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?

Select


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

The following questions will be generated based on the number of children in the family. If there is one child, you will see only fields for Child 1. If there are more than one child, you will see more fields, one set for each child.

Child 1: Full Name

Child 1: DOB

Child 1: Age

Child 1: With Family? 

Select

No

Yes

Client doesn't know


Client prefers not to answer

Example of fields for a household with three children:

Child 1: Full Name

Child 1: DOB


Child 1: Age

Child 1: With Family? 

Child 2: Full Name

Child 2: DOB


Child 2: Age

Child 2: With Family? 

Child 3: Full Name


Child 3: DOB

Child 3: Age

Child 3: With Family? 

SECTION TWO: PRESENTING NEEDS

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



Select


No

Yes

Client doesn't know


Client prefers not to answer

Most days can you and 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 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 your family get food?

Select 


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

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

Select 

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

SECTION THREE: HOUSING HISTORY & CHRONIC HOMELESSNESS DETERMINATION

How long has it been since you and your family lived in stable, permanent housing?

Select 

- Select
- Less than a week
- 1 week - 3 months
- 3 - 6 months
- 6 months to 1 year
- 1 - 2 years
- 2 years or more
- Client doesn't know
- Client prefers not to answer

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

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

Do you have any diagnosed, documented, disabling conditions?

Select



Select

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

Has your family ever lived in a home that you own or an apartment in your name?

Select



Select

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

Have you and your family ever been evicted?

Select



Select

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

SECTION FOUR: VULNERABILITIES AND HOUSING SUPPORT NEEDS

In the last 6 months, how many times have you or anyone 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 last 6 months, how many times have you or anyone 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 last 6 months, how many times have you or anyone 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 last 6 months, how many times have you or anyone 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 last 6 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

Since your family has been homeless has anyone in your family been beaten up or assaulted?

Select ▼

Select

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

Since your family has been homeless has 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

Since your family has been homeless has anyone in your family threatened to harm themselves or harmed themselves?

Select ▼

Select

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

Since your family has been homeless has anyone threatened you or anyone in your family with violence or made any of you feel unsafe?

Select ▼

Select

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

Since your family has been homeless 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?

Select ▼

Select

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

Does 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

Does 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

Does anyone in your family have any legal stuff going on right now that may impact your family's ability to get housing?

Select ▼

Select

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

Does anyone in your family have any legal stuff going on right now that may impact where you and your family could live in your housing?

Select ▼

Select

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

Does anyone in your family have any legal stuff going on right now that may impact your family's ability to stay together?

Select ▼

Select

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

Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing?

Select ▼

Select

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


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

Select ▼

Select


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

Where do you and your family sleep most frequently?

Select 


- Select
- Shelters
- Transitional Housing
- Safe Haven
- Outdoors
- Couch Surfing
- Car
- Other
- Client doesn't know
- Client prefers not to answer

Does 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

Is there anybody that thinks that you or anyone in your family owes 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, alimony, child support, working under the table, day labor, an inheritance or a pension, or anything like that?

Select 


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

Do you or anyone in your family ever gamble with money they 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 activities for survival, at least four days per week that make them feel happy and fulfilled?

Select 

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


Does your family have a collection of belongings that gets in the way with your ability to access services or housing?

Select 

Select

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


Would you say that your family's current homelessness was 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 homelessness was 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 homelessness was caused by family or friends causing you to lose your housing?

Select 

Select

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


Do most of your family and friends have stable housing?

Select 

Select

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


Is anyone in your current household 60 years of age or older?

Select 

Select

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


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?

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
- N/A


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
- N/A


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

Select 

Select

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


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

Select 

Select

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


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
- N/A


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

Select 

Select

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


Are there any medications that, for whatever reason the medication is impossible to take, forgotten, or chosen not to take it?

Select 

Select

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


Has your family's homelessness been caused by any recent or past trauma or abuse?

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 12 and under as well as 13 and over: In your household do the older kids spend 2 or more hrs on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing, or anything like that?

Select ▼

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

FINALLY, I'D LIKE TO ASK YOU SOME QUESTIONS TO HELP US BETTER UNDERSTAND HOMELESSNESS AND IMPROVE HOUSING AND SUPPORT SERVICES.

Veteran Status

No ▼

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

Where did you live prior to becoming homeless?

Select ▼

Select
This city
This region
Other part of the State
Somewhere else
Client doesn't know
Client prefers not to answer

Have you ever been in foster care?

Select

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

Have you ever been in jail?

Select

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

Have you ever been in prison?

Select

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

Do you or any member of the family have a permanent physical disability that limits mobility? (i.e. wheelchair, amputation, unable to

Select

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

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

MEDICAID

MEDICARE

Veteran's Health Administration (VHA)

Private Insurance

No Insurance

Other Non-Cash Benefit

On a regular day, where is it easiest to find you and what time of day is easiest to do so?

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

Private

SAVE

CANCEL