









Individual Prevention VI-SPDAT


Use for Category 2 Households without children

INDIVIDUAL 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 

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

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

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Have you 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 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 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 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 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 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 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 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 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 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 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 threatened to harm yourself or harmed yourself?

In the last six months has anyone threatened you with violence or made you feel unsafe?


In the last six months have you 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 has anyone threatened you with violence or made you feel unsafe?

Select 

Select

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


In the last six months has anyone tried to control you 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 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 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 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 yourself

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 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 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 currently have including any money in the bank or investments?


Is there anyone currently helping you 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 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

Do you 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

Do you 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 find a safe place to sleep?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Most days can you access a bathroom when you need it?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Most days can you access a shower when you need it?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Most days can you get food?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Most days can you 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 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 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 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 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 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 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 the last 6 months, # times you talked to police b/c you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or b/c they asked you to move along b/c of loitering, sleeping in a 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 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


Do you 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


Are you currently pregnant? (if applicable)

Select 

Select

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


Are you 60 years of age or older?

Select 

Select

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


Do you 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


Do you 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


Do you 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 you 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 you find impossible to take, forget to take or choose not to take?

Select ▼

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

Private

SAVE

CANCEL