Individual Prevention VI-SPDAT

Use for Category 2 Households without children

INDIVIDUAL PR VI-SPDAT [V2] 12/27/2023 **Assessment Date** Select Assessment Location Select Assessment Type Select Assessment Level **Primary Language** Select Identifies as LGBTQ2+? Select Select **Survey Location** Select Has Pet(s)? I WANT TO ASK YOU SOME QUESTIONS ABOUT YOUR SAFETY IN YOUR CURRENT SITUATION: Are you currently being harmed or at risk of Select being harmed by another person such as a relative, parent or friend? Select No Yes Client doesn't know Client prefers not to answer Have you experienced violence or threats of Select violence in the last six months that has an impact on feeling safe where you live? Select No Yes Client doesn't know Client prefers not to answer Would you say that your current risk of eviction Select is caused by a relationship that broke down? 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?



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



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



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

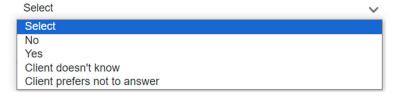
Do you have any legal stuff going on right now that may result in being locked up?



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



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



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



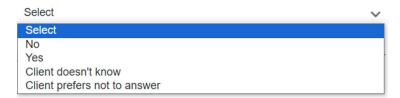
Do you ever do things that may be considered to be risky or harmful like run drugs, share a Select needle, do sex work, or anything like that? Select No Yes Client doesn't know Client prefers not to answer In the last six months have you been beaten up Select or assaulted? Select No Yes Client doesn't know Client prefers not to answer In the last six months have you threatened to Select beat up or assault someone else? Select In the last six months have you threatened to No harm yourself or harmed yourself? Yes Client doesn't know In the last six months has anyone threatened Client prefers not to answer volu with violence or made volu feel uncafe? In the last six months have you threatened to Select harm yourself or harmed yourself? Select No Yes Client doesn't know Client prefers not to answer In the last six months has anyone threatened Select you with violence or made you feel unsafe? 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 Select whether that be a stranger, friend, partner, Select relative or parent? No Yes Client doesn't know Client prefers not to answer Does anyone trick, manipulate, exploit or force Select

> Select No Yes

Client doesn't know Client prefers not to answer

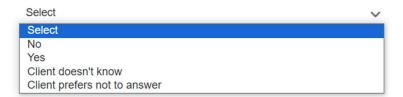
you to do things you do not want to do?

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?



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?

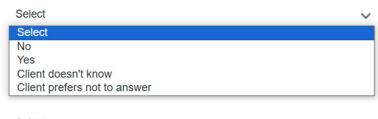


Within the last six months in your current housing, how many complaints have there been about you/your unit from neighbors, the landlord or tenant/owner, or, the police?



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



A poor credit history



Restrictions on where your family can live Select because of legal stuff or criminal history in your Select No Yes Client doesn't know Client prefers not to answer Special school programming required for Select yourself Select No Yes Client doesn't know Client prefers not to answer No references for your housing or poor Select references on your housing history Select No Yes Client doesn't know Client prefers not to answer Difficulties understanding or communicating in Select **English** Select No Yes Client doesn't know Client prefers not to answer Difficulties with math that make it difficult to Select budget or take care of finances Select No Yes Client doesn't know Client prefers not to answer Safety issues which may include keeping where Select you live unknown to a past abuser 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, Select and where there are arguments or conflicts Select because of the overcrowding? 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 Select anything like that - where they still expect you to pay them back but you have not been able Select to? No Yes Client doesn't know Client prefers not to answer Do you ever gamble with money you cannot Select afford to lose or have debts associated with gambling? Select No Yes Client doesn't know Client prefers not to answer Do you have planned activities, other than just Select surviving, at least 4 days per week that make you feel happy and fulfilled? Select No Yes Client doesn't know Client prefers not to answer Select Most days can you find a safe place to sleep? Select No Yes Client doesn't know Client prefers not to answer Most days can you access a bathroom when Select you need it? Select No Yes Client doesn't know Client prefers not to answer Most days can you access a shower when you Select need it? 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-Select alcoholic beverages to stay hydrated? Select No Yes Client doesn't know Client prefers not to answer Most days can you get clothing or access Select laundry when you need it? Select No Yes Client doesn't know Client prefers not to answer Select Most days can you safely store your stuff? Select No Yes Client doesn't know Client prefers not to answer N/A In the past six months, how many times have Select you gone to the emergency room/department? 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 Select you taken an ambulance? 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 Select you been hospitalized as an inpatient? 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?



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



Do you have any physical health issues that might require assistance in order to access or keep housing?

Select

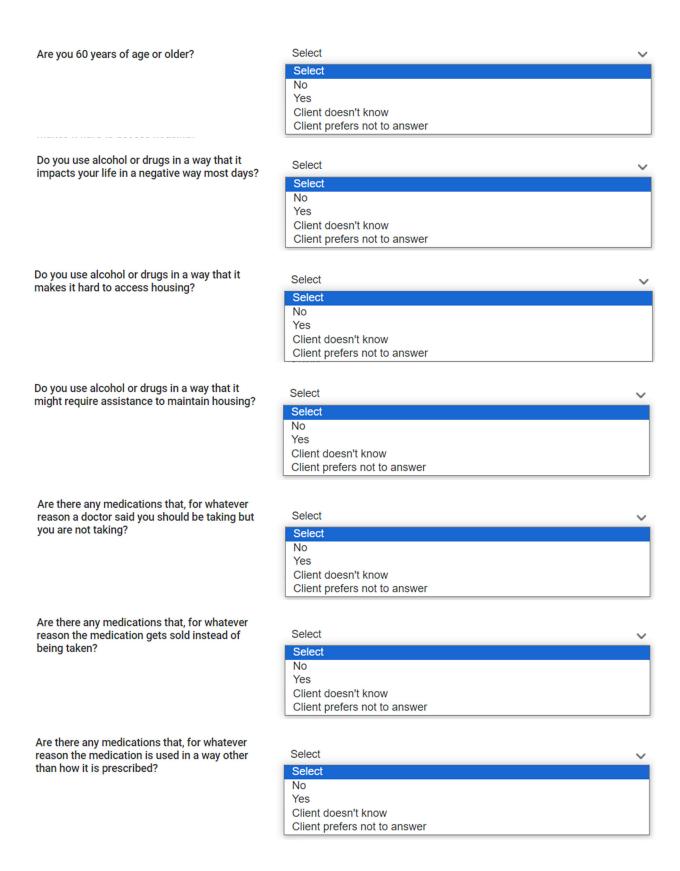
Select

No
Yes

Client doesn't know
Client prefers not to answer

Are you currently pregnant? (if applicable)





Are there any medications that, for whatever reason you find impossible to take, forget to take or choose not to take?

Select

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

Private

SAVE
CANCEL