






# Transition Age Youth VI-SPDAT


Use for households where Head of Household is age 24 or younger

## VI-Y-SPDAT PRESCREEN FOR TRANSITION AGE YOUTH

Assessment Date	12/27/2023 
Assessment Location	Select 
Assessment Type	Select 
Assessment Level	Select 
Primary Language	Select 


### A. HISTORY OF HOUSING & HOMELESSNESS

Where do you sleep most frequently?

Select 


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

How long has it been since you lived in permanent stable 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

B. RISKS

In the past six months, received health care at an emergency department/room?

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 to the hospital?

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 in-patient?

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, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

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 talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

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 a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

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

Have you been attacked or beaten up since you've become homeless?

Select ▼

Select

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

Have you threatened to or tried to harm yourself or anyone else in the last year?

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 you being locked up, having to pay fines or that make it more difficult to rent a place to live?

Select ▼

Select

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


Were you ever incarcerated when younger than age 18?

Select ▼

Select

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

Does anybody force or trick you to do things that you do not want to do?

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 like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

Select 

Select

No


Yes

Client doesn't know

Client prefers not to answer

### C. SOCIALIZATION

Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

Select 

Select


No

Yes

Client doesn't know

Client prefers not to answer

Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

Select 

Select

No

Yes

Client doesn't know

Client prefers not to answer

IS YOUR CURRENT LACK OF STABLE HOUSING...

Because you ran away from your family home, a group home or a foster home?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Because your family or friends caused you to become homeless?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Because of conflicts around gender identity or sexual orientation?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Because of violence at home between family members?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Because of an unhealthy or abusive relationship, either at home or elsewhere?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

D. WELLNESS

Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Do you have any chronic health issues with your liver, kidneys, stomach lungs or heart?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

When you are sick or not feeling well, do you avoid getting help?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

Select ▼

Select

No

Yes

Client doesn't know

Client prefers not to answer

Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

Select ▼

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

Will drinking or drug use make it difficult for you to stay housed or afford your housing?

Select ▼

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

If you've ever used marijuana, did you ever try it at age 12 or younger?

Select ▼

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

HAVE YOU EVER HAD TROUBLE MAINTAINING YOUR HOUSING, OR BEEN KICKED OUT OF AN APARTMENT, SHELTER PROGRAM OR OTHER PLACE YOU WERE STAYING, BECAUSE OF:

A mental health issue or concern?

Select ▼

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

A past head injury?

Select ▼

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

A learning disability, developmental disability, or other impairment?

Select ▼


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

Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

Select ▼


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

Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

Select 

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


Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

Select 

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


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 have a permanent physical disability that limits mobility? (i.e. wheelchair, amputation, unable to climb stairs)?

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 Health Insurance
- Other

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

\_\_\_\_\_

I'd like to take your picture. May I do so?

Private

SAVE

CANCEL