

ADMINISTRATION

Head of Household First Name:	Head of Household Last Name:
Date:	Date of Birth:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2S+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity: Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

2 nd Head of Household First Name:	2 nd Head of Household Last Name:
Date:	Date of Birth:
Start Time:	Gender Identity (Male, Female, Transgender, Other):
End Time:	Identifies as LGBTQ2S+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Survey Location - Shelter, Outreach, Drop In, or Other (specify):	Race/Ethnicity: Indigenous: <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous VI-SPDAT completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ever served in the military or the RCMP? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, VI-SPDAT Score:	Pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

This tool is to be used **ONLY** with families that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the person being interviewed. Types of dwellings that count as "housed" for this tool are:

- An apartment that is in their name (legally permitted to stay there);
- A home that they own;
- The home of a parent, other relative or friend where they believe they have been staying permanently (not feeling there was a time limit on how long they were permitted to stay).

Disclaimer:

OrgCode Consulting, Inc. (OrgCode) cannot control the way in which the VI-SPDAT and SPDAT products will be used, applied or integrated by communities, agencies or frontline staff. OrgCode assumes no legal responsibility or liability for the decisions that are made or services that are received in conjunction with the tools.



OPENING SPEAKING POINTS

Cover the following in the opening explanation of the PR-VI-SPDAT:

- The purpose of completing the triage with people experiencing a housing crisis
- Some of the questions are personal in nature. It is their choice whether or not they want their children present, and if they do choose to have their children present, they can choose to skip questions that they don't want to answer in front of their children that we can try to come back to at the end or another time if someone can watch their children for a few minutes.
- Approximately how long it will take
- How to answer the questions (yes, no or one-word answers)
- That they can get clarification if they do not understand a question
- That they can skip or refuse to answer any question without penalty
- Where the information is stored
- The importance of being as honest as they feel comfortable being
- That some answers provided may need further verification from other sources (like tenancy specifics)
- Consent to participate in the process

SECTION ONE: CHILDREN WITHIN THE HOUSEHOLD

1. How many children under the age of 18 are currently with you? _____
2. 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? _____
3. Is any member of the family currently pregnant (*if applicable*)? Y N R
4. Please provide a list of children in your household:

Child 1 First Name:	Child 1 Last Name:
Child 1 Date of Birth:	Child 1 With Family?
Child 2 First Name:	Child 2 Last Name:
Child 2 Date of Birth:	Child 2 With Family?
Child 3 First Name:	Child 3 Last Name:
Child 3 Date of Birth:	Child 3 With Family?
Child 4 First Name:	Child 4 Last Name:
Child 4 Date of Birth:	Child 4 With Family?
Child 5 First Name:	Child 5 Last Name:
Child 5 Date of Birth:	Child 5 With Family?

Score 1 if any of the following conditions are met:

- If there is a single parent with 2+ children, and/or a child aged 11 or younger, and/or a current pregnancy.
- If there are two parents with 3+ children, and/or a child aged 6 or younger, and/or a current pregnancy.



I want to ask you some questions about your safety in your current situation.

5. 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? Y N R
6. 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? Y N R

If YES to Question 5 or Question 6, score 1.

7. Would you say that your family's current risk of eviction is caused by any of the following:
- a. A relationship that broke down Y N R
- b. An unhealthy or abusive relationship Y N R
- c. Because family or friends are causing your housing crisis Y N R
8. Is your current risk of eviction caused by any recent or past trauma or abuse? Y N R

If YES to any of Question 7 and/or Question 8, score 1.

Now, let's examine some of the other life areas that might impact long-term housing stability.

9. Do you or anyone in your family have any legal stuff going on right now that may result in any of the following:
- a. Being locked up Y N R
- b. Having to pay fines or fees that you cannot afford Y N R
- c. Impact your ability to get housing Y N R
- d. Impact where you could live in the community Y N R

If YES to any of Question 9, score 1.

10. 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? Y N R

If YES to Question 10, score 1.



11. In the last six months, have you or anyone in your family:

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Been beaten up or assaulted | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Threatened to beat up or assault someone else | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Threatened to harm yourself or harmed yourself | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Been threatened with violence or made to feel unsafe | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Experienced someone trying to control you/them with violence or threats of violence whether that be a stranger, friend, partner, relative or parent | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to any in Question 11, score 1.

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

-
- Y
-
- N
-
- R

If YES to Question 12, score 1.

13. 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?

-
- Y
-
- N
-
- R

a. *If YES:* How many times has that occurred in the last three years?

b. *If YES:* What is the total length of time of homelessness if you add all of the different times together in the last three years?

_____ months

If YES to Question 13 and 3+ episodes and/or 6+ months, then score 3.

14. 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?

-
- Y
-
- N
-
- R

If YES to Question 14, score 1.

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

If 4 or more complaints, score 1.



16. 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:
- a. Accessible housing because of a disability that requires a special type of housing Y N R
 - b. A poor credit history Y N R
 - c. Restrictions on where your family can live because of legal stuff or criminal history in your life Y N R
 - d. Special school programming required for any children Y N R
 - e. No references for your housing or poor references on your housing history Y N R
 - f. Difficulties understanding or communicating in English Y N R
 - g. Difficulties with math that make it difficult to budget or take care of finances Y N R
 - h. Safety issues which may include keeping where you live unknown to a past abuser Y N R

If YES to any 2 or more above in Question 16, score 1.

17. Are you and your family 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? Y N R

If YES to Question 17, score 1.

18. 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? Y N R

If YES to Question 18, score 1.

19. 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? Y N R

If YES then:

- a. What is the total amount of money that others think is owed? _____

If YES to Question 19 and total value owed is \$1,000 or more, score 1.



FAMILIES AT RISK OF HOMELESSNESS

CANADIAN VERSION 2.0

20. 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? Y N R

If YES then:

- a. When is the next date you know you will receive money? _____
- b. What is the total amount you expect to receive? _____

Score 1 if any of the following conditions are met:

- *If No to Question 20;*
- *If Yes to Question 20 and (a) is more than 14 days away; and/or*
- *If YES to Question 20 and (b) is less than half the value of Question 19(a).*

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

If amount is less than half the value of Question 19(a), score 1.

22. 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? Y N R

If YES to Question 22, score 1.

23. 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? _____

If 3 or more times, score 1.

24. Have other members of your family or friends provided emergency financial assistance to you and your family 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? Y N R

If YES to Question 24, score 1.

25. Does anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? Y N R

If YES to Question 25, score 1.

26. 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? Y N R

If NO to Question 26, score 1.



27. Most days can you and everyone in your family:

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. Find a safe place to sleep | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Access a bathroom when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Access a shower when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Get food | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Get water or other non-alcoholic beverages to stay hydrated | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| f. Get clothing or access laundry when you need it | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| g. Safely store your stuff | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

Score 1 if NO to Question 27 a, b, c, d, e, f or g.

- | | |
|--|------------|
| 28. In the past six months, how many times have you or anyone else in your family: | # of times |
| a. Gone to the emergency room/department | _____ |
| b. Taken an ambulance | _____ |
| c. Been hospitalized as an inpatient | _____ |
| d. Used a crisis service or hotline for such concerns as family or intimate partner violence or suicide prevention | _____ |
| e. Talked to police because you witnessed a crime, were the victim of a crime, were the alleged perpetrator of a crime, or because they asked you to move along because of loitering, sleeping in a public place or anything like that | _____ |
| f. Stayed one or more nights in jail, a holding cell or prison | _____ |

If the total number of interactions equals 4 or more, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 29. Does anyone in your family have any physical health issues that might require assistance in order to access or keep housing? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| 30. Is anyone in your family 60 years of age or older? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to Question 29 and/or Question 30, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 31. Does anyone in your family have any physical health issues that might require assistance in order to access or keep housing? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
|--|----------------------------|----------------------------|----------------------------|

If YES to Question 31, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 32. Do you have any mental health or cognitive issues including a brain injury that might require assistance in order to access or keep housing? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
|--|----------------------------|----------------------------|----------------------------|

If YES to Question 32, score 1.



33. Does anyone in your family use alcohol or drugs in a way that it:

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Impacts their life in a negative way most days | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Makes it hard to access housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Might require assistance to maintain housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

Score 1 if YES to Question 33 a, b or c.

34. Are there any medications that, for whatever reason:

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| a. A doctor said someone in your family should be taking but they are not taking | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. The medication gets sold instead of being taken | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. The medication is used in a way other than how it is prescribed | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. The medication is impossible to take, forget to take or choose not to take | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to any in Question 34, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 35. Are there any children that have been removed from the family by a child protection service in the last 6 months? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| 36. 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to Question 35 and/or Question 36, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 37. 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| 38. In the last six months, have any of the children experienced abuse or trauma? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| 39. <i>If there are school-aged children:</i> Do your children attend school more often than not each week? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

Score 1 if any of the following conditions are met:

- YES to Question 37
- YES to Question 38;
- NO to Question 39.



40. 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? Y N R

41. 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? Y N R

If YES to Question 40 and/or Question 41, score 1.

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

43. ***If there are children 12 and younger as well as 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? Y N R

If NO to Question 42 and/or YES to Question 43, score 1.

TOTAL SCORE



SCORING RANGE	RECOMMENDED COURSE OF ACTION
If the score is 22 or above:	STRONG recommendation for financial and case management supports
If the score is 16 – 21:	Recommendation for financial and/or case management supports
If the score is 11-15:	As resources allow, consider financial and/or case management supports
If the score is 10 or less:	No supports recommended; may, however, provide referral to mainstream services

CONTACT INFORMATION

On a typical day, what is the best way to reach you?

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

