

ADMINISTRATION

First Name:	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 single adults 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
- 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

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

1. Are you currently being harmed or at risk of being harmed by another person such as a relative, parent or friend? Y N R
2. Have you 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 1 and/or Question 2, score 1.

3. Would you say that your 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
4. Is your current risk of eviction caused by any recent or past trauma or abuse? Y N R

If YES to Question 3 and/or Question 4, score 1.



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

5. Do you have any legal stuff going on right now that may result in any of the following:

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Being locked up | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Having to pay fines or fees that you cannot afford | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Impact your ability to get housing | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Impact where you could live in the community | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |

If YES to any of Question 5, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 6. 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
|--|----------------------------|----------------------------|----------------------------|

If YES to Question 6, score 1.

7. In the last six months:

- | | | | |
|---|----------------------------|----------------------------|----------------------------|
| a. Have you been beaten up or assaulted | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| b. Have you threatened to beat up or assault someone else | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| c. Have you threatened to harm yourself or harmed yourself | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| d. Has anyone threatened you with violence or made you feel unsafe | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
| e. Has anyone tried to control you 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 7, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 8. Does anyone trick, manipulate, exploit or force you to do things you do not want to do? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> R |
|--|----------------------------|----------------------------|----------------------------|

If YES to Question 8, score 1.

- | | | | |
|--|----------------------------|----------------------------|----------------------------|
| 9. 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? | <input type="checkbox"/> Y | <input type="checkbox"/> N | <input type="checkbox"/> 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 9 and 3+ episodes and/or 6+ months, then score 3.



10. 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 10, score 1.

11. 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.

12. 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:
- 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 yourself 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 12, score 1.

13. 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? Y N R

If YES to Question 13, score 1.

14. 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 14, score 1.



15. 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?

Y N R

If YES then:

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

If total value owed is \$1,000 or more, score 1.

16. 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?

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 YES to Question 16 and any of the following conditions are met:

- Question 16(a) is more than 14 days away and/or
- Question 16(b) is less than half the value of Question 15(a).

17. What is the total amount of money you currently have including any money in the bank or investments?

Score 1 if amount is less than half the value of Question 15(a).

18. 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?

Y N R

If YES to Question 18, score 1.

19. 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?

If 3 or more times, score 1.

20. 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?

Y N R

If YES to Question 20, score 1.



21. Do you ever gamble with money you cannot afford to lose or have debts associated with gambling? Y N R

If YES to Question 21, score 1.

22. Do you 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 22, score 1.

23. Most days can you:
- a. Find a safe place to sleep Y N R
 - b. Access a bathroom when you need it Y N R
 - c. Access a shower when you need it Y N R
 - d. Get food Y N R
 - e. Get water or other non-alcoholic beverages to stay hydrated Y N R
 - f. Get clothing or access laundry when you need it Y N R
 - g. Safely store your stuff Y N R

Score 1 if NO to Question 23 a, b, c, d, e, f or g.

24. In the past six months, how many times have you: # 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.



Wellness:

25. Do you have any physical health issues that might require assistance in order to access or keep housing? Y N R

26. Are you currently pregnant? (if applicable) Y N R

27. Are you 60 years of age or older? Y N R

If YES to Question 25, Question 26 and/or Question 27, score 1.

28. Do you have any mental health or cognitive issues including a brain injury that might require assistance to access or keep housing? Y N R

If YES to Question 28, score 1.

29. Do you use alcohol or drugs in a way that it:

a. Impacts your life in a negative way most days Y N R

b. Makes it hard to access housing Y N R

c. Might require assistance to maintain housing Y N R

Score 1 if YES to Question 29 a, b or c.

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

a. A doctor said you should be taking but you are not taking Y N R

b. The medication gets sold instead of being taken Y N R

c. The medication is used in a way other than how it is prescribed Y N R

d. You find impossible to take, forget to take or choose not to take Y N R

If YES to any in QUESTION 30, 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?

