

# FAMILIES TOOL

## Administration

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<b>Interviewer's Name</b>	<b>Agency</b>		<b>Team</b>	<b>Staff</b>	<b>Volunteer</b>
_____	_____				
<b>Interviewer's Email</b>		<b>Interviewer's Phone</b>			
_____		_____			
<b>Survey Date</b> Month/Day/Year	<b>Survey Time</b>	<b>Survey Location</b>			
_____	__ __ __ __	_____			

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### Opening Script

My name is \_\_\_\_\_, and I am a \_\_\_\_\_ (role) with the \_\_\_\_\_ (program). I have a 10 minute survey I would like to complete with you. Most questions require only a YES or NO answer. Some questions require a one-word answer. I'll be honest, some questions are personal in nature. The purpose of these questions is to help us understand your housing and service needs so we can best match you with appropriate resources. Keep in mind you can skip or refuse any question. The information is protected and stored in the Seattle/King County Housing Connections database, a secure database that helps us connect people with housing, based on the needs and experiences you identify and the housing programs you are eligible for in King County.

All the information you tell me is confidential and you should share as much as you feel comfortable. The more information you feel comfortable sharing, the smoother the referral process will be because we will know your options and won't waste your time referring to you programs you aren't eligible for. I do not make assumptions and I'm required to ask each question to everyone. Please bear with me if an answer feels obvious or repetitive. If you have any questions during the assessment or want clarification, just let me know. Do you have any questions before we start?

### Basic Information

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<b>Parent 1: First Name</b>	<b>Nickname</b>	<b>Last Name</b>
_____	_____	_____

**In what language do you feel best able to express yourself?** \_\_\_\_\_

<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>	<b>Consent to participate</b>
_____	_____	_____	Yes      No

No second parent currently part of household

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<b>Parent 2: First Name</b>	<b>Nickname</b>	<b>Last Name</b>
_____	_____	_____

**In what language do you feel best able to express yourself?** \_\_\_\_\_

<b>Date of Birth</b>	<b>Age</b>	<b>Social Security Number</b>	<b>Consent to participate</b>
_____	_____	_____	Yes      No

**IF -@=-k'=-°) \7=\yo=-\Q IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.**

**AGE SCORE:**

**Children**

- 1. How many children under the age of 18 are currently with you? \_\_\_\_\_ Refused
- 2. How many children under the age of 18 are not currently with your family, but but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_ Refused
- 3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? Yes No Refused
- 4. Please provide a list of children’s names and ages:

First Name	Last Name	Age	Date of Birth

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

**FAMILY SIZE SCORE:**

**A. History of Housing and Homelessness**

- 5. Where do you and your family sleep most frequently? (check one)
  - Shelters (if known, which: \_\_\_\_\_) **Outdoors Other (specify):** \_\_\_\_\_
  - Transitional Housing (if known, which: \_\_\_\_\_) **Refused**
  - Safe Haven(if known, which: \_\_\_\_\_)

**IF THE PERSON ANSWERS ANYTHING OTHER THAN “SHELTER”, “TRANSITIONAL HOUSING”, OR “SAFE HAVEN”, THEN SCORE 1.**

**SLEEP LOCATION SCORE A1:**

- 6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ Refused
- 7. In the last three years, how many times have you and our family been homeless? \_\_\_\_\_ Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS THEN SCORE 1.**

**CH SCORE A2:**

## B. Risks

8. In the past six months, how many times has anyone in your family...
- |   |       |         |
|---|-------|---------|
| a) Received health care at an emergency department/room?  | _____ | Refused |
| b) Taken an ambulance to the hospital?  | _____ | Refused |
| c) Been hospitalized as an inpatient?   | _____ | Refused |
| d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?                              | _____ | Refused |
| e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them they must move along?               | _____ | Refused |
| f) 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 offence, or anything in between? | _____ | Refused |

**IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.**

**RISK SCORE B1:**

- |  |   |   |         |
|--|---|---|---------|
| 9. Have you or anyone in your family been attacked or beaten up since they've become homeless?                   | Y | N | Refused |
| 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? | Y | N | Refused |

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.**

**RISK SCORE B2:**

- |   |   |   |         |
|---|---|---|---------|
| 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? | Y | N | Refused |
|---|---|---|---------|

**IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.**

**RISK SCORE B3:**

- |   |   |   |         |
|---|---|---|---------|
| 12. Does anybody force or trick you or anyone in your family to do things that they do not want to do?  | Y | N | Refused |
| 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? | Y | N | Refused |

**IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.**

**RISK SCORE B4:**

**TOTAL RISK SCORE B1+B2+B3+B4:**

## C. Socialization & Daily Functioning

- |  |   |   |         |
|--|---|---|---------|
| 14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owes them money?     | Y | N | Refused |
| 15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? | Y | N | Refused |

**IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.**

**SOCIAL SCORE C1:**

- |   |   |   |         |
|---|---|---|---------|
| 16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? | Y | N | Refused |
|---|---|---|---------|

**IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.**

**SOCIAL SCORE C2:**

### C. Socialization & Daily Functioning (continued)

17. Is everyone in your family 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? Y      N      Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SOCIAL SCORE C3:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? Y      N      Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SOCIAL SCORE C4:

SOCIAL SCORE C1+C2+C3+C4:

### D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? Y      N      Refused
20. Do you or anyone in your family have any chronic health issues with his/her liver, kidneys, stomach, lungs or heart? Y      N      Refused
21. 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 or anyone in your family? Y      N      Refused
22. Does anyone in your family 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? Y      N      Refused
23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? Y      N      Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

WELLNESS SCORE D1:

24. Has drinking or drug use by anyone in your family led your family to be kicked out of an apartment or program where you were staying in the past? Y      N      Refused
25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? Y      N      Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

WELLNESS SCORE D2:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y      N      Refused
  - b) A past head injury? Y      N      Refused
  - c) A learning disability, developmental disability, or other impairment? Y      N      Refused
27. Does anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.

WELLNESS SCORE D3:

28. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE AND MENTAL HEALTH: Does any **single member** of your household have a medical condition **and** mental health concerns **and** experience with problematic substance abuse? Y      N      Refused

IF "YES", THEN SCORE 1 FOR TRI-MORBIDITY.

WELLNESS SCORE D4:

- |  |   |   |         |
|--|---|---|---------|
| 29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?                   | Y | N | Refused |
| 30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the the medication? | Y | N | Refused |

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS**

**WELLNESS SCORE D5:**

- |   |   |   |         |
|---|---|---|---------|
| 31. <i>YES OR NO:</i> Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your have experienced? | Y | N | Refused |
|---|---|---|---------|

**IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.**

**WELLNESS SCORE D6:**

**WELLNESS SCORE D1+D2+D3+D4+D5+D6:**

## **E. Family Unit**

- |  |   |   |         |
|--|---|---|---------|
| 32. Are there any children that have been removed from the family by a child protection service within the last 180 days?  | Y | N | Refused |
| 33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? | Y | N | Refused |

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.**

**FAMILY UNIT SCORE E1:**

- |  |   |   |         |
|--|---|---|---------|
| 34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? | Y | N | Refused |
| 35. Has any child in the family experienced abuse or trauma in the last 180 days?  | Y | N | Refused |
| 36. <i>IF THERE ARE SCHOOL-AGED CHILDREN:</i> Do your children attend school more often than not each week?                | Y | N | Refused |

**FAMILY UNIT SCORE E2:**

- |   |   |   |         |
|---|---|---|---------|
| 37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? | Y | N | Refused |
| 38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?   | Y | N | Refused |

**IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.**

**FAMILY UNIT SCORE E3:**

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family move, or anything like that? Y N Refused
40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...
- a) 3 or more hours per day for children aged 13 or older? Y N Refused
- b) 2 or more hours per day for children aged 12 or younger? Y N Refused
41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:  
Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? Y N Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41,  
SCORE 1 FOR PARENTAL ENGAGEMENT.

**FAMILY UNIT SCORE E4:**

**FAMILY UNIT TOTAL SCORE E1+E2+E3+E4:**

## Scoring Summary by Domain

SUBTOTAL

PRE SURVEY: AGE 60+	/1
FAMILY SIZE	/1
<b>A. HISTORY OF HOUSING &amp; HOMELESSNESS</b>	
<b>A1. Sleep Score</b>	/1
<b>A2. Chronic Homelessness Score</b>	/1
<b>B. RISKS</b>	/4
<b>C. SOCIALIZATION &amp; DAILY FUNCTIONS</b>	/4
<b>D. WELLNESS</b>	/6
<b>E. FAMILY UNIT</b>	/4
<b>GRAND TOTAL:</b>	<b>/22</b>

### RESULTS

Score: Recommendation:

0-3: no housing intervention

4-8: an assessment for Rapid Re-Housing

9+: an assessment for Permanent Supportive Housing/Housing First

## Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: _____ - _____ email: _____
There are just a few more questions that I'd like to ask you. Some of these questions help determine basic eligibility for different housing programs - items such as your gender, veteran status for programs that serve specific populations. May I ask you these additional questions? [Assessor - go to supplemental questions ]	

## Closing Script

Thank you for completing this pre-screening. I will forward this information to the Seattle/King County Veteran Housing Placement Team, and your information will be included in the list of people who need housing and services. This list is prioritized, with a goal to house people with the most severe needs and longest periods of homelessness first. The team meets weekly to review the assessments and housing options. We know from experience that it can take awhile to find housing, and you will likely hear from someone in the next three weeks to let you know which agency will be working with you and where you are on the list. If you don't hear from them in three weeks, contact me so I can follow up. Let me check again that your contact information is correct so that when we try to find you we have the right information. [Assessor - check phone/email.]

Finally I'd like to ask you some questions to help us better understand homelessness, match you with appropriate housing and services, and improve housing and support services.

**LAST KNOWN PERMANENT ADDRESS for:** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Address Data Quality:**

- |  |                     |
|--|---------------------|
| Full address reported                    | Refused             |
| Incomplete or estimated address reported | Client doesn't know |
|  | Data not collected  |

**HAVE YOU EVER SERVED IN THE US MILITARY**

- |     |    |         |                     |
|-----|----|---------|---------------------|
| Yes | No | Refused | Client doesn't know |
|-----|----|---------|---------------------|

**IF YES, Did you serve at least one day of Active Military Duty?**

- |     |    |         |                     |
|-----|----|---------|---------------------|
| Yes | No | Refused | Client doesn't know |
|-----|----|---------|---------------------|

**IF YES, Are you registered for VA Healthcare?**

- |     |    |         |                     |
|-----|----|---------|---------------------|
| Yes | No | Refused | Client doesn't know |
|-----|----|---------|---------------------|

**IF YES, What was your characterization of service (discharge status)**

- |                            |                     |
|----------------------------|---------------------|
| Honorable                  | Dishonorable        |
| General (Under Honorable)  | Uncharacterized     |
| Other Than Honorable (OTH) | Client doesn't know |
| Bad Conduct                | Client refused      |

**WHAT IS YOUR GENDER**

- |        |                            |                     |
|--------|----------------------------|---------------------|
| Male   | Transgender Male to Female | Other               |
| Female | Transgender Female to Male | Client refused      |
|        |                            | Client doesn't know |

**ETHNICITY** *[All clients]*

- |                           |                     |
|---------------------------|---------------------|
| Non-Hispanic / Non-Latino | Client doesn't know |
| Hispanic / Latino         | Client refused      |

**RACE** More than one race is permitted. *[All clients]*

*(Client doesn't know and Client refused should only be selected if no other response is selected. )*

- |   |                     |
|---|---------------------|
| Asian                                     | White               |
| Black or African American                 | Client doesn't know |
| Native Hawaiian or Other Pacific Islander | Client refused      |
| American Indian or Alaskan Native         |                     |

**ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER** *[This question helps match people to programs that have different criteria. Answering yes does not automatically make client ineligible for housing.]*

- |     |    |         |                     |
|-----|----|---------|---------------------|
| Yes | No | Refused | Client doesn't know |
|-----|----|---------|---------------------|

## King County Supplemental Questions to the VI-SPDAT for Single Adults

### INCOME AND SOURCES *[Head of household and adult]*

**Yes    No    Amount per Month**

None (No Financial Resources)			_____ / mo
VA Service-Connected Disability Compensation			_____ / mo
Alimony or other spousal support			_____ / mo
Child support			_____ / mo
Earned income (i.e., employment income)			_____ / mo
General Assistance (GA)			_____ / mo
Pension or retirement income from a former job			_____ / mo
Private disability insurance			_____ / mo
Retirement Income from Social Security			_____ / mo
Social Security Disability Income (SSDI)			_____ / mo
Supplemental Security Income (SSI)			_____ / mo
Temporary Assistance for Needy Families (TANF)			_____ / mo
Unemployment Insurance			_____ / mo
VA Non-Service-Connected Disability Compensation			_____ / mo
Worker's Compensation			_____ / mo
Other source (specify) : _____			_____ / mo
Client doesn't know			_____ / mo
Client refused			_____ / mo
<b>Total</b>			<b>_____ / mo</b>

### HEALTH INSURANCE Select all current source(s) of health insurance coverage

Medicaid <i>(a.k.a. WA Apple Health)</i>	Employer-Provided Health Insurance	
Medicare	COBRA	Doesn't Know
Veteran's Administration (VA) Medical Services	Private Health Insurance	Refused
Qualified Health Plan (a.k.a. Obamacare)	No Health Insurance	Not Collected

### VI-SPDAT Triage Notes



# Review of Essential Elements and Quality Assurance

Please staple together in this order:

- 1) essential elements review
- 2) VI-SDPAT
- 3) Supplemental Q's
- 4) ROI's (VA, VHOG, SH Consent)

Parent 1 First Name \_\_\_\_\_ P 1 Last \_\_\_\_\_

NO 2nd OR Parent 2 P 2  
Parent First Name \_\_\_\_\_ Last \_\_\_\_\_

Screening Agency \_\_\_\_\_  
Interviewer \_\_\_\_\_ Interview Date \_\_\_\_\_

Parent Age Score \_\_\_\_\_ /1 Parent 1 Age \_\_\_\_\_ Parent 2 Age \_\_\_\_\_  
Family Size/Child Age Score \_\_\_\_\_ /1 Child Age(s) \_\_\_\_\_  
A1: Sleeping Place Score \_\_\_\_\_ /1 Outdoors \_\_\_\_\_ Other \_\_\_\_\_ Refused \_\_\_\_\_ ES \_\_\_\_\_  
A2: Chronic Homeless Score \_\_\_\_\_ /1 \_\_\_\_\_ or \_\_\_\_\_ times/3 yrs TH \_\_\_\_\_  
B: Risk Score \_\_\_\_\_ /4 Save Haven \_\_\_\_\_  
C: Social/Functioning Score \_\_\_\_\_ /4  
D: Wellness Score \_\_\_\_\_ /6  
E. Family Unit Score \_\_\_\_\_ /4  
**Total Score** \_\_\_\_\_ /22

### Carry Forward of Key Screening Answers

- Served in the Military - YES
- One Day Active Duty - YES
- Registered with VA - YES
- Registered Sex Offender - YES

### Discharge status

- Honorable
- General (Under Honorable)
- Other Than Honorable
- (OTH) Bad Conduct
- Dishonorable
- Uncharacterized
- Client doesn't know
- Client refused

**Income Total** \_\_\_\_\_ /mo. And note if any income sources are DISABILITY related (check box)

VA Svc-Connected Disability SSI GA / GA-U  
VA Non-Svc-Connected Disability SSDI Private Disability

## Quality Assurance [Assessor - make sure you have FULLY completed / attached the following]

Signed KC Release of Information \_\_\_\_\_ KC Supplemental Questions to the VI-SDPAT \_\_\_\_\_  
Signed VA Release of Information (WITH agencies Initialed!) \_\_\_\_\_  
Safe Harbors Consent \_\_\_\_\_

## NOTES TO CONVEY TO VOLT / PLACEMENT TEAM

### NOTES FROM VOLT (to be filled out only after VOLT placement team conferencing)

Discussed at VOLT (date) \_\_\_\_\_ Referred to (Houser/Agency): \_\_\_\_\_  
Other Follow Up / Notes: \_\_\_\_\_ Referred to (Navigator): \_\_\_\_\_

### FINAL HOUSING NOTES: