

Pre-Screen Tool for Single Adults

Administration

Interviewer's Name	Agency	Team	Staff	Volunteer
_____	_____	_____	_____	_____
Interviewer's Email	Interviewer's Phone			
_____	_____			
Survey Date Month/Day/Year	Survey Time	Survey Location		
_____	____	_____		

Opening Script

My name is _____, and I am a _____ (role) with the _____ (program). I have a 10-15 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 Coordinated Entry component of the Safe Harbors Homeless Management Information System, 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

First Name	Nickname	Last Name	
_____	_____	_____	
In what language do you feel best able to express yourself?			

Date of Birth	Age	Social Security Number	Consent to participate
_____	_____	_____	Yes No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

PRE-SURVEY AGE SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- | | |
|---|-------------------------------|
| Shelters (if known, which: _____) | Outdoors |
| Transitional Housing (if known, which: _____) | Other (specify): _____ |
| Safe Haven(if known, which: _____) | Refused |

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

SLEEP LOCATION SCORE A1:

- | | |
|--|---------|
| 2. How long has it been since you lived in permanent stable housing? _____ | Refused |
| 3. In the last three years, how many times have you been homeless? _____ | Refused |

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

CH SCORE A2:

B. Risks

4. In the past six months, how many times have you...

- | | | |
|---|-------|---------|
| 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 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? | _____ | 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:

-
- | | | | |
|--|---|---|---------|
| 5. Have you been attacked or beaten up since you've become homeless? | Y | N | Refused |
| 6. Have you threatened to or tried to harm yourself 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:

-
- | | | | |
|--|---|---|---------|
| 7. 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? | Y | N | Refused |
|--|---|---|---------|

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

RISK SCORE B3:

-
- | | | | |
|--|---|---|---------|
| 8. Does anybody force or trick you to do things that you do not want to do? | Y | N | Refused |
| 9. 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? | 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

- | | | | |
|---|---|---|---------|
| 10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? | Y | N | Refused |
| 11. Do you 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:

-
- | | | | |
|--|---|---|---------|
| 12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? | Y | N | Refused |
|--|---|---|---------|

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

SOCIAL SCORE C2:

C. Socialization & Daily Functioning (continued)

13. 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? Y N Refused

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

SOCIAL SCORE C3:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you 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

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

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused

17. 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? Y N Refused

18. 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? Y N Refused

19. When you are sick or not feeling well, do you avoid getting help? Y N Refused

20. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? Y N Refused

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

WELLNESS SCORE D1:

21. Has your drinking or drug use led you to be kicked out of an apartment or program where you were staying in the past? Y N Refused

22. Will drinking or drug use make it difficult for you 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:

23. 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) 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

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

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

WELLNESS SCORE D3:

IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY.

WELLNESS SCORE D4:

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused
26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the the medication? Y N Refused

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

WELLNESS SCORE D5:

27. *YES OR NO:* Has your 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 have experienced? Y N Refused

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

WELLNESS SCORE D6:

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

When using computer/fillable version, and upon finishing these questions, type "done" in box to the right to trigger wellness calculation function

Scoring Summary by Domain

		SUBTOTAL	
	PRE-SURVEY (age 60+)	/1	<p style="text-align: center;">RESULTS</p> <p>Score: Recommendation:</p> <p>0-3: no housing intervention</p> <p>4-7: an assessment for Rapid Re-Housing</p> <p>8+: an assessment for Permanent Supportive Housing/Housing First</p>
	A. HISTORY OF HOUSING & HOMELESSNESS		
	A1. Sleep Location Score	/1	
	A2. Chronic Homelessness Score	/1	
	B. RISKS	/4	
	C. SOCIALIZATION & DAILY FUNCTIONS	/4	
	D. WELLNESS	/6	
	GRAND TOTAL:	/17	

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 you have been assigned to, and where you are on the list. If you don't hear from someone, please contact me to let me know so I can follow up on your behalf. 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

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

Yes	No	Refused	Client doesn't know
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IF YES, Are you registered for VA Healthcare?

Yes	No	Refused	Client doesn't know
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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
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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
Total			_____ / mo

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)

QUICK REVIEW OF ESSENTIAL ITEMS

First Name _____ Last Name _____ Last 4 SSN [REDACTED]

Contact Info: email _____ phone: _____

Screening Agency _____

Interviewer _____ Interview Date _____

Pre-Survey Age _____ /60+ adds 1 point to total

A1: Sleeping Place Score _____ /1 Outdoors _____ Other _____ Refused _____ ES _____

A2: Chronic Homeless Score _____ /1 or _____ times/3 yrs Save Haven _____ TH _____

B: Risk Score _____ /4

Carry Forward of Key Screening Answers **Discharge status** _____

C: Social/Functioning Score _____ /4 Served in the Military - YES Honorable Client doesn't know

One Day Active Duty - YES General (Under Honorable) Client refused

D: Wellness Score _____ /6

Registered with VA - YES Other Than Honorable (OTH)

Registered Sex Offender - YES Bad Conduct

Total Score _____ /17

Dishonorable
Uncharacterized

Income Total _____ /mo. Note if income sources are DISABILITY related (check box)

Gender

VA Svc-Connected Disability

SSI

GA / GA-U

M

T: M->F

Other

VA Non-Svc-Connected Disability

SSDI

Private Disability

F

T: F ->M

Refused

Don't Know

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

Signed KC Release of Information

KC Supplemental Questions to the VI-SPDAT

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 Housing/Agency: _____

Other Follow Up / Notes: _____

Referred to Navigator: _____

FINAL HOUSING NOTES: