

SINGLE ADULTS
 VULNERABILITY INDEX & SERVICE PRIORITY DETERMINATION ASSISTANCE TOOL
 VI-SPDAT VERSION 2.0

STAFF INSTRUCTIONS:

Check HMIS to see if the person has already been referred to the appropriate Housing Priority List.

- o If yes, update the information in the Assessments tab on the client's profile, including but not limited to: information on chronic homelessness determination, disability information, and client contact information.
- o If no, check to see if the person has completed a VI-SPDAT, looking at both the VI-SPDAT 1.0 and 2.0.
 - x If yes, update the critical information on the Assessments tab and make referral to the appropriate priority list. Only complete a new VI-SPDAT if there has been a major life change. A major life change includes the following: change in household members, change in health diagnoses, additional interactions with emergency services (enough to change the assessment score).
 - x If no, complete the VI-SPDAT.

- o Review both the HMIS Release of Information and the Coordinated Entry Release of Information.
- o Inform the participant the assessment involves a series of questions. The purpose of these questions is to determine the order in which people may be contacted for housing units with or without supportive services. It should take between 10 to 20 minutes.
- o Emphasize that every time they complete this assessment and being placed on Dane County's Housing Priority List, they are closer to being housed. Ensure the participant understands that they must continue trying to become housed through other ways and that they do not wait to be potentially housed from this list alone.
- o Explain that this Assessment is not like a normal housing application. There is nothing they can say "yes" to that would hurt their chances of becoming housed.
- o Let the participant know that some of the questions are sensitive in nature and may be difficult. Inform the participant that this assessment is focused on vulnerability, so as much as they feel able, encourage them to provide accurate responses so that the Assessment can work to their best benefit. Let the participant know they can refuse to answer any of the questions.
- o Make sure to get explicit consent to participate.
- o Ask if the participant has any questions.

Complete paperwork in the following order:

i Release of Information

- x Participant signs and dates
- x Provide your information as a Witness, including your agency affiliation

ii Basic information about the participant needed to complete the Assessment in HMIS

- iii VI-SPDAT: It is vital to engage with the participant throughout this process and remain an active listener.
 - x You must ask questions as they are written and in the order they are listed. However, it is okay to repeat questions and to provide clarification on any questions the participant finds unclear.
 - x When questions are limited to a specific timeframe, i.e. "In the past 6 months...", count back 6 months and include the name of the month, i.e. "In the past 6 months or since January..." This can help clarify what timeframe you are asking about.
 - x Please remember that this is a self-report assessment; record the answers the participant gives. Again, encourage the participant to be as honest as they are able.

Coordinated Entry Release of Information

Housing and service providers may need to share your information to contact you, coordinate services or determine eligibility for shelter and housing opportunities. The following information may be shared:

- Contact information including email and phone number
- Homeless status and housing history
- Connection to mainstream resources
- Information regarding mental or physical health, alcohol and other drug use, HIV/AIDS related illness or test results, developmental disabilities
- Financial information
- Basic demographic information

Signing below authorizes that information may be released among any of the following, limited by the purpose of assisting you to obtain housing and services.

Access Community Health	Friends of the State St. Family	Sankofa Behavioral & Community Health
Bethel Lutheran Church	Group Health Cooperative	Sankofa Educational Leadership United
Briarpatch Youth Services	Heartland Housing	Shelter from the Storm Ministries
Catalyst for Change	Homeless Restorative Justice Project	SSM Health
Catholic Charities	Housing Initiatives	Social Justice Center
City of Madison Community Development Div.	Institute for Community Alliances	Stoughton Area Resource Team (START)
Community Action Coalition (CAC)	Journey Mental Health	Tellurian
Community Development Authority	JustDane	Tenant Resource Center
Connecting the Dots	Kabba Recovery Services	The Road Home
Dane County Dept. of Human Services	Lutheran Social Services	The Salvation Army
Dane County Housing Authority	MACH OneHealth	Today Not Tomorrow/Project Babies
Dane County Public School Districts	My Choice Wisconsin	UNIDOS
Dane County Reentry Coordinator	Occupy Madison	UnityPoint Health - Meriter
Domestic Abuse Intervention Services	OutReach	Urban Triage
Dryhootch	Porchlight	U.S. Department of Veterans Affairs
Employment Resources Inc	Project Respect	UW Hospital & Clinics
Equitable Social Solutions	Public Health Madison & Dane County	Vivent Health
First United Methodist Church	ReachDane	Wisconsin Dept. of Veterans Affairs
Focus Counseling	Saint Vincent de Paul	YWCA Madison

Your signature below indicates that you understand the information provided by the assessor, have received answers to your questions, and have freely chosen to be interviewed. By agreeing to be interviewed, you are not giving up any of your legal rights. Your answers will be stored in a secure database, called Wisconsin Clarity HMIS, and only shared with housing providers and service agencies concerned with your welfare. This release remains valid until you revoke permission.

I acknowledge that I have reviewed my rights as outlined and have received a copy of *Additional Information Regarding Use and Disclosure of Protected Information (provide last page to interviewee)*.

Date

Signature (or mark) of Participant

Witness signature

Witness agency or affiliation

Print Witness name

Verbal Consent obtained by phone (Agency Staff Initials): _____ Date: _____

Administration

Assessor's Name	Assessor's Agency	
Assessment Date (mm/dd/yyyy)	Assessment Type (Phone, Virtual, or In Person)	Assessment Location (Case Manager's Office, Day Shelter, Overnight Shelter, Phone, Street, or Other)

Basic Information

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

Date of Birth (mm/dd/yyyy)	Age	Social Security Number
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Consent to participate: Y N

A. History of Housing & Homelessness

- Where do you sleep most frequently? (check one)
 Shelters
 Transitional Housing
 Safe Haven
 Outdoors
 Couch Surfing
 Car
 Other (specify): _____
- How long has it been since you lived in permanent stable housing?
 Less than a week 1 week – 3 months 3 – 6 months
 6 months to 1 year 1 - 2 years 2 years or more
- In the last three years how many times have you been homeless? _____
(1, 2, 3, 4, or 5 or more times)

B. Risks

- In the past six months, how many times have you...
(0, 1, 2, 3, 4, or 5 or more times)
 - Received health care at an emergency department/room? _____ Refused
 - Taken an ambulance to the hospital? _____ Refused
 - Been hospitalized as an in-patient? _____ Refused
 - Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____ Refused
 - 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
 - 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

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
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 may make it more difficult to rent a place to live? Y N Refused
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

C. Socialization

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

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. Are you currently pregnant? Y N NA or Refused
21. Has your drinking or drug use led you to being 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

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
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 medication? Y N Refused
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

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is it easiest to do so?	Place: _____ Time: _____ Or <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Night Are there other agencies you are in touch with that we could contact if we need to follow-up with you? If so, which ones/which staff specifically? _____
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	Phone: _____ Email: _____
If you'd like, I can take a photo of you and add it to your Client Profile. By doing this it may make it easier in the future to find you and confirm your identity. Would you like me to take your photo?	<input type="checkbox"/> Y <input type="checkbox"/> N

E. Supplemental Questions

	Response
What is your gender?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (i.e., not exclusively not Male or Female) <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
How many people are in your household?	

<p>Are you a survivor of domestic violence?</p> <p>If Yes, when did the most recent experience occur?</p> <p> Within the past 3 months 3-6 months ago</p> <p> 6 months to one year ago One year ago or more</p> <p>If Yes, are you currently fleeing domestic violence?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Refused</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Refused</td> </tr> </table>	Yes	No	Refused	Yes	No	Refused						
Yes	No	Refused											
Yes	No	Refused											
<p>Are you currently serving, or have you ever served in the U.S. Military?</p> <p>Discharge Status:</p> <p> DD214 Form on File? (Scan form into HMIS if possible)</p> <p>Have you requested a DD214 Form?</p> <p> If Yes, date of request:</p> <p>Date client entered military service:</p> <p>Branch of military:</p> <p>Are you eligible for V.A. services?</p>	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Refused</td> </tr> <tr> <td>Yes</td> <td></td> <td>No</td> </tr> <tr> <td>Yes</td> <td></td> <td>No</td> </tr> <tr> <td>Yes</td> <td>No</td> <td>Refused</td> </tr> </table>	Yes	No	Refused	Yes		No	Yes		No	Yes	No	Refused
Yes	No	Refused											
Yes		No											
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Yes	No	Refused											
<p>LIVING SITUATION AT TIME OF ASSESSMENT: Record the living arrangement of the client last night, i.e., the night before the client completed this assessment.*</p> <p><i>*If the client's living arrangement is not one of the options listed above, the household is not currently experiencing literal homelessness, and does not qualify to complete the assessment at this time and should not be placed on the priority list.</i></p> <p>Length of stay in living situation selected:</p> <table border="0"> <tr> <td>One night or less</td> <td>One month or more, but less than 90 days</td> </tr> <tr> <td>Two to six nights</td> <td>90 days or more, but less than one year</td> </tr> <tr> <td>One week or more, but less than one month</td> <td>One year or longer</td> </tr> </table>		One night or less	One month or more, but less than 90 days	Two to six nights	90 days or more, but less than one year	One week or more, but less than one month	One year or longer						
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<p>Approximate start date that you have stayed on the Streets, in Shelter or in Safe Haven?</p> <p>Number of times you have been on the Streets, in Shelter, or Safe Haven <i>in the past 3 years</i>, including today?</p>													
<p>Total number of months you have been homeless in the past 3 years? (Please note, this cannot exceed 36 months)</p>													

<p>Do you have any disabling conditions and/or barriers from the following list?</p> <p>If Yes, select all that apply:</p> <p>Physical Disability HIV - AIDS</p> <p>Developmental Disability Mental Health Problem</p> <p>Chronic Health Condition</p>	Yes	No	Refused
<p>Do you receive SSI or SSDI?</p> <p>If No, have you been to a doctor, or is there a professional that can verify this/these disabilities?</p> <p>If so, where? <i>(If client would like, they may share the provider's name and/or the name of the clinic at this time.)</i></p>	Yes	No	Refused
<p>Do you receive income from any source?</p> <p>If Yes, provide the source(s) of income and the monthly amount received for each in the space provided to the right.</p> <p><i>(Examples of income sources may include but are not limited to: Earned Income, Unemployment Insurance, SSI, SSDI, Worker's Compensation, General Assistance, Retirement, Child Support, Alimony, Other, etc.)</i></p>	Yes	No	Refused
<p>If a Single Room Occupancy (SRO) unit becomes available in the future, would that be of interest to you?</p>	Yes	No	
<p>Have you or has anyone in the household been released from jail or prison in the previous 12 months?</p>	Yes	No	Refused

ADDITIONAL INFORMATION REGARDING USE AND DISCLOSURE OF PROTECTED INFORMATION

The providers listed on this Authorization recognize your right to confidentiality of protected health care, mental health, and/or substance abuse treatment information as provided under federal and state laws.

This authorization only allows for the release of information from and between the organizations listed on the release form itself.

Please be aware of the following guidelines: |

Federal HIPAA Privacy Rules, State Health/Substance Confidentiality Statutes & Federal Substance Abuse Laws

There are situations when your protected information may be used or disclosed without your authorization and these situations will be explained to you upon request. Please contact your provider (health care, mental health and/or substance abuse), should you have questions about these rules/laws.

No Obligation to Sign

You are under no obligation to sign this form, and you may refuse to do so. Except as permitted under applicable law, you may not be denied services because you refuse to sign.

Revocation

You have the right to revoke this Authorization, in writing, at any time before it ends. Please contact any of the entities listed on the release and they will assist you. However, your written revocation will not affect any disclosures of your health and related information that the listed providers have already made, in reliance on this Authorization, before the time you revoke it.

Re-release

If the entities authorized by this form to disclose and/or receive your information/records are not subject to federal health privacy laws (for example, they are entities that do not provide health care, mental health or substance abuse treatment services), information they receive may lose its protection under federal health privacy laws, and those people may be permitted to re-release your information without your prior permission.

Right to Inspect

In authorizing a release of your health care, mental health or substance abuse records, you have the right to inspect and have a copy of the material you have given authorization to release, with certain exceptions provided under state and federal law. Should you wish to do this, please contact the relevant entity for further information.

Signatures

If you are 18 years of age or older, you are the only person who is permitted to sign this form to authorize the use or disclosure of your health, mental health and/or substance abuse treatment record, unless you have a legal guardian or a health care power of attorney or agent. If you are under the age of 18, your parent (or legal guardian) has the right to sign this form for you. However, there are situations under state law where you, as a minor, are either permitted or required to consent to the release of information by signing this form in lieu of a parent or guardian. For more information regarding who is authorized to sign this form, please contact any of the entities listed on the release and they will assist you.

Participant Rights and Responsibilities

If you have a complaint about the services you receive through the Madison/Dane CoC Coordinated Entry System, you have the right to file a grievance. Copies of the Participant Rights and Responsibilities form are available at the following locations: The Beacon, Porchlight, The Salvation Army, Tenant Resource Center, or at www.danecountyhomeless.org.