



**SINGLE ADULTS**  
**VULNERABILITY INDEX & SERVICE PRIORITIZATION DECISION 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.

- 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.
- If No, check to see if the person has completed a VI-SPDAT, looking at both the VI-SPDAT 1.0 and 2.0.
  - If yes, update the critical information on the Assessments tab and make a 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).
  - If no, complete the VI-SPDAT v2.0.

Carefully review each of the points below with the participant, helping them to understand what the Assessment is:

- Review both the HMIS Release of Information and the Coordinated Entry Release of Information.
- 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.
- Emphasize that even by completing this assessment and being placed on Dane County's Housing Priority List, this *does not guarantee housing*. Ensure the participant understands that it is *very important* they continue trying to become housed in other ways, and that they do not wait to be potentially housed from this list alone.
- Explain that this Assessment is not like a normal housing application, i.e., there is nothing they can say "yes" to that would hurt their chances of becoming housed.
- 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.
- Make sure to get explicit consent to participate.
- Ask if the participant has any questions.

Complete paperwork in the following order:

1. Release of Information

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

2. Basic information about the participant needed to complete the Assessment in HMIS

3. VI-SPDAT: It is vital to engage with the participant throughout this process and remain an active listener.

- 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.
- 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.
- 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**

Homeless Services Consortium (HSC) of Dane County

Coordinated Entry is a process developed to ensure all people experiencing a housing crisis have fair and equal access to housing services and assistance.

The purpose of the Coordinated Entry Release of Information is to allow housing and service providers to share information in order to contact participants, coordinate services, and/or determine eligibility for shelter and housing opportunities. This information may be shared at case conferencing meetings. Case conferencing is a multi-agency coordination meeting that focuses on housing clients. Next steps are identified to connect people to housing and include assignment of a responsible party and a goal completion date.

The following information may be shared about each household member:

- Name, date of birth, number of people in household
- 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, developmental disabilities
- Amount and source of monthly income

This Release of Information is executed with the understanding that only information deemed necessary for the purposes of Coordinated Entry will be shared among relevant housing and service providers listed below.

Briarpatch Youth Services	Focus Counseling	The Road Home Dane County (TRH)
Catalyst for Change (CFC)	Friends of the State Street Family (FSSF)	The Salvation Army of Dane County (TSA)
Catholic Charities – The Beacon	Housing Initiatives, Inc. (HII)	Sankofa Behavioral & Community Health
City of Madison – Community Development Division (CDD)	Institute for Community Alliances (ICA)	Solace Friends, Inc.
Community Action Coalition (CAC)	JustDane	Tellurian Homeless Services
Community Development Authority (CDA)	Kabba Recovery Services	UnityPoint Health – Meriter HEALTH Program
Dane County Dept. of Human Services – Housing Access & Affordability and Behavioral Health	Lutheran Social Services (LSS)	Urban Triage (UT)
Dane County Housing Authority (DCHA)	Madison Street Medicine, Inc. (MSM)	U.S. Dept. of Veteran Affairs (VA)
Dane County Jail Reentry Coordinator	Occupy Madison, Inc.	Vivent Health
Domestic Abuse Intervention Services (DAIS)	OutReach LGBTQ+ Community Center	Wisconsin Dept. of Veteran Affairs (WDVA)
Equitable Social Solutions (ESS)	Porchlight, Inc.	YWCA Madison

Your signature below indicates that you understand the information provided by the Coordinated Entry staff, have received answers to your questions, and have freely chosen to participate in the Homeless Services Consortium of Dane County's Coordinated Entry. By agreeing to participate in Coordinated Entry, you are not giving up any of your legal rights. 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 participant)**.

\_\_\_\_\_  
Participant Name (print clearly)

\_\_\_\_\_  
Participant Signature (or mark)

\_\_\_\_\_  
Date

Verbal consent was obtained by phone (check if applicable)

\_\_\_\_\_  
Witness Name (print clearly)

\_\_\_\_\_  
Witness Agency/Affiliation

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
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
In what language do you feel best able to express yourself? _____		
Date of Birth (mm/dd/yyyy)	Age	Social Security Number

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>	<p>Yes                      No                      Refused</p> <p>Yes                      No                      Refused</p>
<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? <b>(Scan form into HMIS if possible)</b></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>	<p>Yes                      No                      Refused</p> <p>Yes                      No</p> <p>Yes                      No</p> <p>Yes                      No                      Refused</p>
<p><b>LIVING SITUATION AT TIME OF ASSESSMENT:</b> 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><b>Length of stay in living situation selected:</b></p> <p>    One night or less                                      One month or more, but less than 90 days</p> <p>    Two to six nights                                      90 days or more, but less than one year</p> <p>    One week or more, but less than one month                      One year or longer</p>	
<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 <i>number of months</i> you have been homeless in the past 3 years? <i>(Please note, this cannot exceed 36 months)</i></p>	





## **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](http://www.danecountyhomeless.org).