



## Coordinated Entry Process

Approved by the membership of the Out-Wayne County Homeless Services Coalition August 2, 2017

## **Introduction**

The Out Wayne County Homeless Services Coalition (the CoC) has developed a strategic Coordinated Entry system (CE) for homeless and housing services in Out Wayne County. The CE plan meets the criteria established by the Interim Rule. This plan covers the geographic area of Wayne County, excluding the cities of Detroit, Highland Park, and Hamtramck. Households screened through the CoC CE system will be done so using a phased approach. When a household becomes homeless, they will be screened for eligibility. When a space in a program they are determined to be eligible for becomes available, the household will get a full intake. If they are still determined to be eligible after the full assessment and intake, they will be entered into that program. Coordinated Entry is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

## **Access Points**

The CoC offers the same assessment at all access points. All access points are usable by all people who may be experiencing homelessness or are at risk of homelessness. All access points are accessible to individuals with disabilities. The CoC operates with a “no wrong door” system. If a person or household presents at an access point where they do not qualify for services (ex. single individual presents at the family shelter), they will still be able to access the same assessment. The main access hub for the CoC CE system is the Wayne Metro Community Action Agency (WMCAA) Connect Center, 734-284-6999. WMCAA is the Homeless Assistance Resource Agency (HARA) for the CoC. The Connect Center is WMCAA’s call center. Through the Connect Center, callers will be triaged. Diversion (see Diversion) tactics will be used with all callers. All callers will receive either a pre-screening for homeless services or the Prevention Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) Prevention for homeless prevention (see Homeless Prevention). Households seeking services may also access the Connect Center at any WMCAA office. Private intake rooms are available at all sites to maintain confidentiality.

When an individual or family presents as homeless the first step is diversion (see Diversion). When diversion tactics will not work, individuals are referred to Christnet shelter or given emergency placement in a motel (when funding is available). Families with minor children will be referred to Samaritas shelter or given emergency placement in a motel (when funding is available). Emergency shelter will be given on an emergency basis. CoC shelters will update the HARA when shelter space is available. The HARA will refer to the shelters on a first-come, first-served basis. When no shelter is available in this CoC or a neighboring CoC, motel vouchers for one week will be provided (when funding is available).

There are three after-hours access hubs for CE. Participants requiring services after hours can contact Samaritas shelter 24 hours a day at 734-721-0590, Christnet rotating shelter on weekends from 7:00 am – 3 pm at 24356 Eureka Rd. Taylor, MI, the Homeless Resource Team (HRT) for those with a severe and persistent mental illness (SPMI). Families and individuals can also contact their local police department.

Families and individuals who present after hours and are unable to access shelters in the CoC will be referred to drop in centers in other CoCs and will be referred to the HARA the next business day.

Separate specific access points are available for homeless youth and those fleeing domestic or sexual violence. Access for services will also be available for these populations at regular access points.

Homeless youth will have access to the CE system through their schools or through the WMCAA Homeless Youth Program. Homeless youth can access the WMCAA Homeless Youth Program at the WMCAA Westland office at Jefferson Barnes Community Vitality Center at 32150 Dorsey Westland, MI 48186 or by calling the Connect Center. All homeless youth that present at regular access points will be served and assessed at those points and referred to the Homeless Youth Program.

Individuals and families fleeing domestic or sexual violence will have 24 hour access to the CE system through First Step Domestic Violence shelter by contacting 734-722-6800. All those fleeing domestic or sexual violence at regular access points will be served and assessed at those points and referred to First Step. When individuals and families fleeing domestic or sexual violence are unable to be sheltered at First Step when they initially present, staff will work with those participants in the development of a safety plan. Housing Specialists will contact, with the household, First Step to develop a safety plan. Participants will not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Diversion**

Individuals and families seeking assistance will first be determined for diversion services. All efforts will be made to keep individuals and families that are at risk of homelessness out of the homeless service system. Referrals will be made for utility assistance, food assistance, mental health programs, etc. The Housing Specialist screening the caller will work with them to determine the best way(s) to divert homelessness.

#### **Homeless Prevention**

Households at risk of homelessness for financial reasons (eviction or utilities) will be evaluated for homeless prevention when funding is available. Households will be assessed for assistance based on the Prevention VI-SPDAT (Attachment A). Assessed households must score a minimum of 16 on the Prevention VI-SPDAT. Depending on funding, households that meet specific program criteria will receive assistance for rent arrearages, current rent, future rent, and utilities based on the following criteria:

EFSP	Program assistance: one month of rent assistance, must not have received assistance from another agency with same funding, landlord must agree to stop eviction for at least 30 days
ESG HP	Must be below 30% AMI Program assistance: up to 3 months of combination rent arrears, current rent, and future rent. Up to \$1500 utility assistance

## **Assessment process**

The By Name List will be maintained by the Supportive Housing and Homeless Services Manager at WMCAA. Shelter guests will be referred by shelter staff to WMCAA when they are document ready or have been in the shelter for 14 days, whichever comes first. Shelter staff will send as much of the following as available at 14 days:

- Eligibility screening request form
- Picture ID for all household members over the age of 18
- Social Security cards for all household members
- Birth certificates for all household members
- Income documents
- HMIS ROI
- Homeless verification
- DHHS statement (if applicable)

WMCAA Manager will assign cases to Housing Specialists for a housing eligibility screening. Specialists will contact households to schedule an intake within 1 business day of receiving the referral. Specialists will complete the screening and send the file to the WMCAA Manager to be placed on the By Name List.

At the eligibility screening meeting, the Housing Specialists will review program criteria with participants. Using a person-centered approach, they will gather all screening documents (Attachment B), discuss housing preferences with the participants, and complete the assessment. The CoC CE assessment tool is the VI-SPDAT (Attachment C). The VI-SPDAT will be the first determinate for the By Name List. The VI-SPDAT has equivalent assessments for families, youth, and singles. The VI-SPDAT will be completed by WMCAA Housing Specialists at the housing eligibility screening. All Housing Specialists and shelter staff will receive at least yearly training on the VI-SPDAT (see Training).

The VI-SPDAT gives a numerical score related to what level of housing and supportive services needs the individual or family is eligible for/likely needs. The VI-SPDAT allows for the refusal to answer questions.

When unsheltered households present as homeless, all efforts will be made to find shelter. If shelter is unavailable or refused and the household remains unsheltered, they will be referred to Christnet, an access hub, where they will receive a full screening for housing eligibility.

While the goal of the CE is to house homeless families and individuals in the most appropriate housing in the least amount of time, funding restrictions may not allow us to house all eligible participants. Shelter staff will work with participants while in the shelter to find alternate housing resources and other mainstream services they may be eligible for. The Coordinated Entry process will not screen people out due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability –related service or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

## **Prioritization**

The CoC CE will prioritize for all supportive housing programs (see Housing Programs) based on length of time homeless and vulnerability. Vulnerability will be measured with the VI-SPDAT. The VI-SPDAT has versions for individuals, families, and youth. The VI-SPDAT measures vulnerability. The second level of prioritization is length of time homeless. The Coordinated Entry system will use a Housing First approach. Participants will be prioritized in the following order: chronic, length of time homeless, unsheltered, VI-SPDAT score.

When program space becomes available, the first household on the list that meets program criteria will receive a full intake for that program. The first household on the list may not meet eligibility criteria for the program and may therefore not be the household pulled for that program. For example, if no one in the household at the top of the list has a disability and the only available program is Permanent Supportive Housing (PSH), that household will not be pulled and the first household on the list that does have a disability will be pulled.

Participants who score between 0-3 on the VI-SPDAT will not be placed on the By Name List. Shelter staff will work with those households to find alternate housing resources.

## **By Name List**

The By Name List will be used to track households who have been screened. All households screened will be placed on the list in the order described above (see Prioritization). Information shown on the list will include: HMIS number, household size, screening date, name of staff completing the screening, VI-SPDAT score, does the participant or someone in their household have a verified disability (no information pertaining to the type of disability will be recorded), if the household is chronically homeless, the date they were verified as homeless (typically the screening date), 60 days from the screening date, and what programs they are potentially eligible for. After a household has been on the list for 60 days, the housing staff that screened them must verify they are still homeless to remain on the list. If at 60 days or before the household locates housing on their own, leaves the service area, or disappears, they will move to the "Ineligible List" and the reason for becoming ineligible will be noted. If a participant that has been marked ineligible re-presents as homeless, they will be moved back to the By Name List.

The list is a Google document maintained by the WMCAA Supportive Housing and Homeless Services Manager, on behalf of the HARA. The list is shared with the CoC facilitator and the Director of Supportive Housing and Homeless Services. However, only the Services Manager has the ability to make changes to the list.

## **Referral Process**

When space in any program becomes available, the first household on the CE list that meets the eligibility criteria for that program will get a full program referral intake (see Prioritization). In the event that two or more households are identically prioritized for the next available unit and each are eligible,

the household that first presented for assistance will receive a referral to that program. Housing providers will update the Housing Availability Chart, a Google doc showing available housing in the CoC. Providers will update when space opens. When new programs are funded, they will be added to the provider list. The WMCAA Supportive Housing and Homeless Services Manager will review the document three times per week to make referrals, Monday, Wednesday, and Friday. Households will be referred to programs via HMIS. Housing providers will run referral reports at a minimum of three days per week. For all HUD and ESG funded programs in the CoC, CE is the only way for participants to receive housing through those programs.

During the full intake, Housing Specialists will complete the full SPDAT and gather additional, program specific documents. If after the full intake the household is fully eligible for that program, the household will be approved. The only criteria that will determine if a household is eligible for a program are those listed above in Prioritization, the full SPDAT score, and specific program criteria (e.g. someone in the household must have a disability for PSH). The Housing Specialist will begin the move in process. All efforts will be made to house all households within 30 days of referral. After the household has been approved, they will work with the Housing Specialist to assist in locating a unit, completing housing applications, addressing barriers to admission, and landlord negotiations. When the participant is ready to move into a unit, the Housing Specialist will be at the lease signing to ensure the participant understands the terms of the lease.

When a household is referred to a housing provider, the only reason for that provider to refuse the referral is if the household has previously been banned from the program or if they don't meet program criteria. If the referral is refused, the housing provider must send the reason in writing to the WMCAA Supportive Housing and Homeless Services Manager. The household will be placed back on the By Name List. If a household rejects the program they are referred to on the basis of the location of the program (for site based programs) the household will be placed back on the By Name List. Other reasons for refusal will be reviewed on a case by case basis.

**Housing Programs**

Participants on the By Name List can be referred to the following programs: Safe Haven, Transitional Housing, HUD Rapid Rehousing for families, HUD Rapid Rehousing for singles, ESG Rapid Rehousing, Permanent Supportive Housing, or Supportive Services for Veteran Families. Referrals for programs are based on VI-SPDAT score and specific program criteria. When space in a program is available, the first qualifying client on the list will be referred (see Referral Process). The program descriptions and VI-SPDAT qualifications are as follows:

<b>Program Type</b>	<b>VI SPDAT Score (for Prioritization)</b>	<b>SPDAT Score</b>	<b>Additional Requirements</b>
Safe Haven	8+	35-60	Single adult; chronically homeless; SPMI; unwilling/uninterested in engaging in services Program assistance: supportive services as

			needed/wanted, apartment setting, no financial obligation, no time limit
Transitional Housing	4+	20-34	Single adult; in recovery from substance abuse Program assistance: supportive services, up to 24 months housing in shared living, no financial obligation
HUD Rapid Rehousing for Singles (HUD RR-S)	4-7	29-34	Single adults and/or couples with no children Program assistance: up to 24 months of supportive services, up to 12 months housing assistance, scattered site, clients pay 30% of adjusted gross income
HUD Rapid Rehousing for Families (HUD RR-F)	4-8	40-53	Families with minor children Program assistance: up to 24 months of supportive services and housing assistance, scattered site, clients pay 30% of adjusted gross income
ESG Rapid Rehousing (ESG RR)	4-8 Families 4-7 Individuals	37-39 Families 20-28 Individuals	Singles and families with income under 30% AMI Program assistance: up to 24 months of supportive services, 3-6 months of housing assistance, scattered site, client pays 30% of adjusted gross income
Permanent Supportive Housing (PSH)	9+ Families 8+ individuals	54-80 Families 35-60 Individuals	Verified disability, some programs prioritize chronic, singles and families Program assistance: supportive services and housing assistance for an unlimited period of time, scattered site, clients pay 30% of adjusted gross income
Supportive Services for Veteran Families (SSVF)			Veterans and their families with income under 50% AMI Program assistance: rent assistance up to 9 months in a 12 month period with income under 30%, up to 6 months in a 12 month period with income between 31-50% AMI, supportive services

### Privacy

The By Name List will be maintained on a Google Document. All households will be identified only by HMIS number. The HMIS privacy policy (Attachment D) will be applied to the By Name List. Section 3, number 2 of the HMIS ROI allows for sharing with CE. All eligibility screenings and intakes will be done

in private. All information gathered will be held to the standards of the WMCAA Privacy Policy (Attachment E). All participants will be asked to sign the WMCAA Release of Information (ROI) and the HMIS ROI. Refusal to sign will not preclude participants from being on the By Name List.

### **Nondiscrimination**

The CoC CE system does not discriminate on the basis of race, color, religion, sex, national origin, disability, familial status, identified gender, or perceived sexual orientation. The CoC CE adheres to all Fair Housing Regulations, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, and Titles II and III of the Americans with Disabilities Act of 1990 (Attachment F). Disability information will only be gathered to determine eligibility for programs that require a disability. Information specifying disability will not be gathered and will not be used in determining program eligibility.

If a participant wished to file a complaint based on discrimination in one of the above categories, they will be provided with contact information to Lakeshore Legal Aid, a CoC partner.

### **Grievance Policy**

If a program participant has a complaint/grievance regarding the CoC or Coordinated Entry process, they may file a grievance with the CoC. When a grievance is identified, the service provider and program participant should work to resolve it. If they are unable to do so, the client can file a grievance via Google Doc (Attachment G). The grievance will be reviewed by the CoC facilitator and the CoC advisory panel. The panel will review the grievance, make a decision, and inform all parties within 5 business days. The participant's status with the Coordinated Entry system will remain during the grievance process. If the participant is not satisfied by the panel's decision, a meeting with all parties involved in the grievance and at least 2 panel members will be scheduled.

### **Marketing Strategy**

The CoC will provide all access points to Coordinated Entry with an overview of the Coordinated Entry process that will be posted in public places (Attachment H). The overview will be distributed to all shelter clients at intake. The full plan will be available for all clients to read at request by shelter and Coordinated Entry staff. The full plan will also be made available on the CoC website. The overview and full plan will be made available in English, Spanish, and Arabic. The CoC will contract with Optimal Phone Interpreters when additional translation services are required. Community training around the Coordinated Entry process will be done throughout the service area and will be marketed toward hospitals, community groups, municipalities, churches, hospitals, urgent care facilities, and mainstream service providers. The CoC will reach out to these groups to engage and inform and will provide training or an informational meeting to groups that request it.

### **Evaluation**

The CoC has developed a Coordinated Entry committee that will review and evaluate the Coordinated Entry plan on a continuous basis. Other stakeholders, including program participants, will assist with the



evaluation. The CoC will review the plan to ensure it is working with the best interest of all homeless households in the service area. The CoC will look at the percent of participants placed on the list versus those that were housed, the amount of time between referral and housing, and what service gaps there are. New resources will be added as available.

### **Training**

The CoC is re-trained/updated on the CE plan yearly. New staff will be trained on the Coordinated Entry plan and SDPAT (when necessary) as part of new hire training. In addition, staff working at any agency receiving HUD and ESG funds are trained/updated yearly on the SDPAT, cultural and linguistic competence, and Trauma Informed Services. These trainings are mandatory. Monthly SPDAT updates/trainings are mandatory for all staff using the SPDAT.

In addition, the CoC provides training to community partners on the CE system. This includes, but is not limited to local police departments, hospitals, Community Mental Health providers, the Department of Health and Human Services, food pantries, soup kitchens, and churches.

ATTACHMENT A

**Prevention / Re-Housing  
Vulnerability Index -  
Service Prioritization Decision Assistance Tool  
(PR-VI-SPDAT)**

**Prevention/Re-Housing Prescreen Tool for Single Adults**

**To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. 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)**

**VERSION 1.0**

**AMERICAN EDITION**

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## Administration

<b>Interviewer's Name</b>	<b>Agency</b>	<input type="checkbox"/> Team
		<input type="checkbox"/> Staff
		<input type="checkbox"/> Volunteer
<b>Survey Date</b>	<b>Survey Time</b>	<b>Survey Location</b>
DD/MM/YYYY ___/___/___	___:___ AM/PM	

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

<b>First Name</b>	<b>Nickname</b>	<b>Last Name</b>
<b>In what language do you feel best able to express yourself?</b> _____		
<b>Date of Birth</b>	<b>Age</b>	<b>Social Insurance Number</b>
DD/MM/YYYY ___/___/___		
		<b>Consent to participate</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No

IF 60 YEARS OF AGE OR OLDER, SCORE 1.

SCORE:

## Safety

**I want to start by asking you some questions about your safety in your current location.**

1. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?  Y  N  Refused
2. Have you experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live?  Y  N  Refused

IF "YES" TO EITHER OF THE ABOVE, THEN SCORE 1. SCORE:

3. Is your current situation 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
4. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you have experienced?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1. SCORE:

### Long Term Housing Stability

*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 them being locked up, having to pay fines, or that make it more difficult to stay housed?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

6. Do you 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," THEN SCORE 1. SCORE:

7. Have you harmed yourself or anyone else in the last 6 months?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

8. Is anyone currently forcing you to do something you don't want to do?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

9. If female, are you currently pregnant?  Y  N  Refused

IF "YES," THEN SCORE 1. SCORE:

### History of Housing and Homelessness

PREVENTION / RE-HOUSING VI-SPDAT

SINGLE ADULTS

AMERICAN VERSION 1.0

10. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?  Y  N  Refused

a) IF YES: How many times has that occurred in the last three years? \_\_\_  Refused

b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years? \_\_\_  Refused

IF "YES" AND 4+ TIMES AND/OR 12+ MONTHS, THEN SCORE 3.

SCORE:

11. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

12. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police? \_\_\_  Refused

IF 4+ COMPLAINTS, THEN SCORE 1.

SCORE:

13. 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 you have a disability that requires a special type of housing?  Y  N  Refused

b) A poor credit history?  Y  N  Refused

c) Restrictions on where you can live because of legal stuff?  Y  N  Refused

d) No references for your housing or poor references on your housing history?  Y  N  Refused

e) Difficulties understanding or communicating in English?  Y  N  Refused

f) Difficulties with math that make it hard to budget or take care of your finances?  Y  N  Refused

g) Safety issues which may include keeping where you live unknown to a past abuser?  Y  N  Refused

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.

SCORE:

14. Are you currently living in an overcrowded situation (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?  Y  N  Refused

IF "YES," THEN SCORE 1.

SCORE:

PREVENTION / RE-HOUSING VI-SPDAT

SINGLE ADULTS

AMERICAN VERSION 1.0

15. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months, if that is legally possible?  Y  N  Refused

IF "NO," THEN SCORE 1.

SCORE:

**Personal Administration & Money Management**

16. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the IRS that thinks you owe them money?  Y  N  Refused

a) IF YES: What is the total amount of money that others think is owed? \_\_\_\_\_  Refused

IF THE TOTAL VALUE IS \$1,000+, THEN SCORE 1.

SCORE:

17. Do you get any money or assistance from the government like SSI, SSDI, TANF or Food Stamps, or do you have a pension, inheritance, get money from a regular job or working under the table, or anything like that?  Y  N  Refused

a) IF YES: What is the next date you know you will receive money? \_\_\_\_\_  Refused

b) IF YES: What is the total amount you will expect to receive? \_\_\_\_\_  Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY AND/OR THE VALUE IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.

SCORE:

18. What is the total amount of money you currently have, including any money in the bank or investments? \_\_\_\_\_  Refused

IF THE AMOUNT IS LESS THAN HALF THE VALUE OF 16A, THEN SCORE 1.

SCORE:

19. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

20. 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? \_\_\_\_\_  Refused

IF 3+ TIMES, THEN SCORE 1.

SCORE:

21. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

**Meaningful Daily Activity**

22. Do you have planned activities, other than just surviving, that makes them feel happy and fulfilled?  Y  N  Refused

IF "NO," THEN SCORE 1.

SCORE:

**Self Care and Daily Living Skills**

23. 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.

SCORE:

**Interactions with Emergency Services**

24. 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 they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that 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+, THEN SCORE 1.

SCORE:

**Wellness**

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

26. Do you have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed?  Y  N  Refused

27. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed?  Y  N  Refused

28. When you are sick, do you avoid getting medical help?  Y  N  Refused



**PREVENTION / RE-HOUSING VI-SPDAT**

SINGLE ADULTS

AMERICAN VERSION 1.0

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

29. Has your drinking or drug use caused you to be kicked out of an apartment or residential program or other place in the past?  Y  N  Refused
30. Does drinking or drug use make it difficult to stay housed or afford your housing?  Y  N  Refused

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

31. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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
32. Do you have any mental health or brain issues that make it hard for you to live independently because help is needed?  Y  N  Refused

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

33. DID THE INDIVIDUAL SCORE 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH?  Y  N  N/A or Refused

**IF "YES", SCORE 1.** **SCORE:**

34. Are there any medications that a doctor said you should be taking that, for whatever reason, they are not taking?  Y  N  Refused
35. Are there any medications like painkillers that you do not take the way the doctor prescribed or where the medication is sold?  Y  N  Refused

**IF "YES" TO ANY OF THE ABOVE, SCORE 1.** **SCORE:**

### Scoring Summary

TOTAL	SCORE	RECOMMENDATION
	22+	STRONG RECOMMENDATION FOR FINANCIAL AND CASE MANAGEMENT SUPPORTS
	16-21	RECOMMENDATION FOR FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	11-15	AS RESOURCES ALLOW, CONSIDER FINANCIAL AND/OR CASE MANAGEMENT SUPPORTS
	0-10	NO ASSISTANCE PROVIDED; MAY, HOWEVER, PROVIDE REFERRAL TO MAINSTREAM RESOURCES

# **Prevention / Re-Housing Vulnerability Index - Service Prioritization Decision Assistance Tool (PR-VI-SPDAT)**

## **Prevention/Re-Housing Prescreen Tool for Families**

**To be used ONLY with people that are currently housed and feel they are at imminent risk of losing their housing. "Imminent risk" is determined by the program participant. 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)**

**VERSION 1.0**

**AMERICAN EDITION**

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**COMMUNITY  
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## Administration

<b>Interviewer's Name</b>	<b>Agency</b>	<input type="checkbox"/> Team
		<input type="checkbox"/> Staff
		<input type="checkbox"/> Volunteer
<b>Survey Date</b>	<b>Survey Time</b>	<b>Survey Location</b>
DD/MM/YYYY ___/___/___	___:___ AM/PM	

## Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

## Basic Information

FAMILY HEAD-1	<b>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>
	DD/MM/YYYY ___/___/___		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
FAMILY HEAD-2	<input type="checkbox"/> No second parent currently part of the household		
	<b>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>
DD/MM/YYYY ___/___/___		<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, SCORE 1.			<b>SCORE:</b> <input type="text"/>

## Household Composition

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 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?  Y  N  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.

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

**SCORE:**

## Safety

***I want to start by asking you some questions about your safety in your current location.***

5. Are you currently being harmed or at risk of being harmed by another person, such as a spouse, relative, parent or friend?  Y  N  Refused
6. Have you or any member of your family experienced violence or threats of violence in the last six months, that has had an impact on feeling safe where you live?  Y  N  Refused

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

**SCORE:**

7. Is your current situation 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
8. I do not need any details, just a YES or NO: is your current risk of eviction being caused by emotional, physical, psychological, sexual, or any other type of abuse, or by any other trauma you or anyone in your family has experienced?  Y  N  Refused

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

**SCORE:**

## Long Term Housing Stability

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

9. Does 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 stay housed?  Y  N  Refused

IF "YES," THEN SCORE 1.

SCORE:

10. Does anyone in your family 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," THEN SCORE 1.

SCORE:

11. Have you or any member of your family harmed yourself or anyone else in the last six months?  Y  N  Refused

IF "YES," THEN SCORE 1.

SCORE:

12. Is anyone currently forcing you or any member of your family to do something they don't want to do?  Y  N  Refused

IF "YES," THEN SCORE 1.

SCORE:

## History of Housing and Homelessness

13. At any point in the last three years have you stayed in a shelter, in your car, on the street, outdoors, or any other place not fit for people to live?  Y  N  Refused

a) IF YES: How many times has that occurred in the last three years? \_\_\_  Refused

b) IF YES: What is the total length of time that has happened if you add all of the different times together in the last three years? \_\_\_  Refused

IF "YES" AND 3+ TIMES AND/OR 6+ MONTHS, THEN SCORE 3.

SCORE:

14. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

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15. Within the last six months in your current housing, how many complaints have there been about you from neighbours, the landlord or tenant/owner, or, the police?  Refused

IF 4+ COMPLAINTS, THEN SCORE 1.

SCORE:

16. 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 you or another member of your family has a disability that requires a special type of housing?  Y  N  Refused
- b) A poor credit history?  Y  N  Refused
- c) Restrictions on where you can live because of legal stuff in the life of any family member?  Y  N  Refused
- d) Special school programming required for any of the children?  Y  N  Refused
- e) No references for your housing or poor references on your housing history?  Y  N  Refused
- f) Difficulties understanding or communicating in English?  Y  N  Refused
- g) Difficulties with math that make it hard to budget or take care of your finances?  Y  N  Refused
- h) Safety issues which may include keeping where you live unknown to a past abuser?  Y  N  Refused

IF "YES" TO ANY 2 OF THE ABOVE, THEN SCORE 1.

SCORE:

17. Are you and your family currently overcrowded (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding?  Y  N  Refused

IF "YES," THEN SCORE 1.

SCORE:

18. If your current housing was saved, do you plan on remaining in that place for at least the next 6 months if that is legally possible?  Y  N  Refused

IF "NO," THEN SCORE 1.

SCORE:

**Personal Administration & Money Management**

19. Is there any person, landlord, business, utility company, bookie, dealer, or government group like the CRA that thinks you or anyone in your family owes them money?  Y  N  Refused

a) IF YES: What is the total amount of money that others think is owed? \_\_\_\_\_  Refused

IF THE TOTAL VALUE IS \$1,000+, THEN SCORE 1.

SCORE:

20. Do you get any money or assistance from the government like Income Support/Welfare, Disability Benefits, or do you have a pension (CPP), inheritance, get money from a regular job or working under the table, or anything like that?  Y  N  Refused

a) IF YES: What is the next date you know you will receive money? \_\_\_\_\_  Refused

b) IF YES: What is the total amount you will expect to receive? \_\_\_\_\_  Refused

IF THE DATE IS MORE THAN 14 DAYS AWAY AND/OR THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.

SCORE:

21. What is the total amount of money you and your family currently has, including any money in the bank or investments? \_\_\_\_\_  Refused

IF THE VALUE IS LESS THAN HALF THE VALUE OF 19A, THEN SCORE 1.

SCORE:

22. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

23. 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? \_\_\_\_\_  Refused

IF 3+ TIMES, THEN SCORE 1.

SCORE:

24. 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  Refused

IF "YES," THEN SCORE 1.

SCORE:

**Meaningful Daily Activity**

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

IF "NO," THEN SCORE 1.

SCORE:

**Self Care and Daily Living Skills**

26. 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.

SCORE:

**Interactions with Emergency Services**

27. In the past six months, how many times have you or 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 that 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, THEN SCORE 1.

SCORE:

**Wellness**

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

29. Do you or any member of your family have any chronic health issue where you are not accessing appropriate care or that is making it difficult to stay housed?  Y  N  Refused

30. Do you have any physical disabilities that limit the type of housing you can access, or make it hard to live independently because help is needed?  Y  N  Refused

31. When you or a family member is sick, do you avoid getting medical help?  Y  N  Refused

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

SCORE:



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32. Has the drinking or drug use of anyone in your family caused you to being kicked out of an apartment or residential program or other place in the past?  Y  N  Refused

33. Does drinking or drug use make it difficult to stay housed or afford your housing?  Y  N  Refused

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

SCORE:

34. Have you or anyone in your family ever had trouble maintaining your housing, or been kicked out of an apartment, residential 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

35. Do you or anyone in your family have any mental health or brain issues that make it hard for you to live independently because help is needed?  Y  N  Refused

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

SCORE:

36. IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH: Is it the same person in your family that has a medical condition, mental health concern or brain injury, and has experience with problematic substance use?  Y  N  N/A or Refused

IF "YES", SCORE 1.

SCORE:

37. 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

38. Are there any medications like painkillers that you or anyone in your family does not take the way the doctor prescribed or where the medication is sold?  Y  N  Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1.

SCORE:

**Family Unit Considerations**

39. Are there any children that have been removed from the family by a child protection service within the last 6 months?  Y  N  Refused

40. 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.

SCORE: