



Smart Path Assessment- Family

Smart Path Assessor Information

Name:

Agency:

Email:

Phone Number:

**Santa Cruz County
Homeless Management Information System**

**CLIENT INFORMED CONSENT &
RELEASE OF INFORMATION AUTHORIZATION**

_____ is a Partner Agency in the Homeless Management Information System (HMIS). HMIS is a computerized system that can improve programs for homeless persons by allowing information to be shared among partner agencies that provide services such as shelter and health care and/or homelessness research or administrative services. The system is Internet-based and uses many security protections to ensure confidentiality. Partner agencies currently include:

Association of Faith Communities	City of Santa Cruz- River St Camp
Community Action Board of Santa Cruz	Downtown Streets Team
Department of Veterans Affairs	Employment and Benefit Services
Encompass	Homeless Garden Project
Encompass HOPWA - PRIVATE	Homeless Outreach Proactive Engagement (HOPES)
Families In Transition	Housing Choices
Front St	Janus of Santa Cruz
Homeless Persons Health Project	Mental Health Client Action Network
Homeless Services Center	Mountain Community Resources
Pajaro Rescue Mission	Salud Para La Gente
Pajaro Valley Shelter Services	Santa Cruz Community Health Centers
Salvation Army (Watsonville)	Santa Cruz Public Libraries
Santa Cruz County Human Services Department- CHAMP	Whole Person Care Program
Veterans Resource Center	Wings Homeless Advocacy
Adult and Long Term Care	County HSD Youth Coordinated Entry
Adult Protective Services	Bill Wilson Center San Jose
Behavioral Health	The Housing Authority County Santa Cruz

Participation in the HMIS program is important to our community's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. Your name and other identifying information will not be shared with any agency not participating in the system (unless required to do so by law.) Authorizing your information to be entered into the HMIS is voluntary. Refusing to do so will not limit your access to shelter or services.

I give authorization for my basic and relevant information to be entered _____ **(please initial)** and shared _____ **(please initial)** between Partner Agencies in order to help assist me in obtaining permanent housing, employment, financial assistance, vocational services, counseling and medical/mental health treatment and for research and administrative purposes. (Basic information includes intake date, name, social security number, gender, birth date, ethnicity, marital status, number in household, military status, primary language spoken, and non-confidential services requested and received.) I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

I understand that the current list of participating Partner Agencies may change over time to include other agencies who provide housing or services to the homeless population, and I give authorization for my information to be shared with any new Partner Agency. _____ **(please initial)**

I understand that I may request a current list of all Partner Agencies at any time. I understand that I may cancel this authorization at any time by written request, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below.

Print Name of Client or Guardian

Signature Of Client Or Guardian

Date

Note: A separate, HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Code sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R part 2.1, et seq.

January 2019



HMIS # _____
 CM Name _____
 Date ____/____/____

Santa Cruz County HMIS- New Client Form

This form is designed to be completed by a service provider while interviewing a client.
 A separate form should be completed for each member of the household.

Household Information Is client: ☐ Single Adult ☐ Adult in Household

If checked Single Adult	Go to Client Profile	
If checked Adult in Household	Are you the Head of Household (HoH)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you are in a household, what is your relationship to the HoH?	<input type="checkbox"/> Wife <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Roommate <input type="checkbox"/> Grandchild	<input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Grandparent <input type="checkbox"/> Significant Other <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Spouse <input type="checkbox"/> Other

Client Profile

Social Security Number		
First Name	Middle	
Last Name		
Alias (If multiple aliases, separate by commas)		
Quality of Name	<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Partial, Street Name, or Code Name Reported	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
U.S. Military Veteran (If Yes, complete Veteran Information below)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Disabling Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Primary Phone Number		

Client Demographics

Date of Birth	____/____/____	
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 male or female) <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused

Veteran Information

U.S. Military Veteran If yes, answer questions below	Year Entered in Military Service (Year) _____	Separated (Year) _____
Theater of Operations: World War II	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Korean War	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Vietnam War	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Persian Gulf War	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Afghanistan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Iraq (Iraqi Freedom)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Iraq (New Dawn)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Theater of Operations: Other Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Branch of Military	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine	<input type="checkbox"/> Coast Guard <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
Discharge Status	<input type="checkbox"/> Honorable <input type="checkbox"/> General Under Honorable Conditions <input type="checkbox"/> Under Other Than Honorable Conditions (OTH) <input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Refused

Disabling Conditions and Barriers

Does the client have a disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused
If Yes, please complete the following for each disability type		
Alcohol Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Condition Long Term? If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </div>	
Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Condition Long Term? If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </div>	
Both Alcohol & Drug Abuse <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Condition Long Term? If Yes, If the problem is expected to be of long-continued and indefinite duration and substantially impedes a client's ability to live independently. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </div>	
Chronic Health Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Condition Long Term? If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </div>	
Developmental Disability <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused	Substantially Impairs Independence? If Yes, Expected to substantially impair ability to live independently. <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know <input type="checkbox"/> Client Refused </div>	

Client Location

Address Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse	<input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Company <input type="checkbox"/> Forwarding Address <input type="checkbox"/> Encampment <input type="checkbox"/> Tunnel
Name of Location		
Address (line 1)		
Address (line 2)		
City	State	
Zip Code		
Email		
Phone #1		
Phone #2		

Additional Client Location

Address Type	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Mailing <input type="checkbox"/> Emergency <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Spouse	<input type="checkbox"/> Temporary <input type="checkbox"/> Other <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Message <input type="checkbox"/> Management Company <input type="checkbox"/> Forwarding Address <input type="checkbox"/> Encampment <input type="checkbox"/> Tunnel
Name of Location		
Address (line 1)		
Address (line 2)		
City	State	
Zip Code		
Email		
Phone #1		
Phone #2		

I, (Adult client or Head of Household) certify that the information I have provided here is true/correct to the best of my knowledge.

Print Name of Client

Signature of Client

Date

Print Name of Intake Worker

Signature of Intake Worker

Date

Smart Path Additional Questions

First Name _____

Middle _____

Last Name _____

1. Who is in your household?

- ☐ One or more adults with children over 18 in the household, select one VI-SPDAT per person
- ☐ One or more adults with minor children in custody, select one VI-F-SPDAT
- ☐ Single adult, select the VI-SPDAT
- ☐ Adult couple, select two separate VI-SPDATs
- ☐ Young adult 18-24, select the VI-TAY-SPDAT

2. Are you expecting any changes in your family structure?

- ☐ Yes ☐ No

Comment:

3. Are you willing to participate in a drug and alcohol-free housing program?

- ☐ Yes ☐ No

4. Are you working with a case manager at any agencies?

- ☐ Yes ☐ No

a. If so, what is the name of the agency and case manager?

Agency: _____

Case Manager: _____

Administration

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

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

PARENT 1	First Name	Nickname	Last Name
	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name	Nickname	Last Name
	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
	Date of Birth	Age	Social Security Number
	DD/MM/YYYY ____/____/____	_____	_____
			Consent to participate
			<input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE:
			<input type="text"/>

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but 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 FOR **FAMILY SIZE**.

SCORE:

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

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - ☐ Shelters
 - ☐ Transitional Housing
 - ☐ Safe Haven
 - ☐ **Outdoors**
 - ☐ **Other (specify):** _____
 - ☐ **Refused**

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

SCORE:

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

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

SCORE:

B. Risks

8. 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 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**

SCORE:

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

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

SCORE:

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

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

SCORE:

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

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

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? ☐ **Y** ☐ **N** ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? ☐ **Y** ☒ **N** ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

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

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

SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? ☐ **Y** ☒ **N** ☐ Refused

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

SCORE:

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

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

SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ **N** ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ **Y** ☐ **N** ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ **N** ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? ☐ **Y** ☐ **N** ☐ Refused

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

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? ☐ Y ☐ N ☐ Refused

b) A past head injury? ☐ Y ☐ N ☐ Refused

c) A learning disability, developmental disability, or other impairment? ☐ Y ☐ N ☐ Refused

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

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

SCORE:

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

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

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? ☐ Y ☐ N ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? ☐ Y ☐ N ☐ Refused

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

SCORE:

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

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

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? ☐ Y ☐ N ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? ☐ Y ☐ N ☐ Refused

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

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? ☐ Y ☐ N ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? ☐ Y ☐ N ☐ Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? ☐ Y ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? ☐ Y ☐ N ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? ☐ Y ☐ N ☐ Refused

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

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? ☐ Y ☐ N ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? ☐ Y ☐ N ☐ Refused

b) 2 or more hours per day for children aged 12 or younger? ☐ Y ☐ N ☐ Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? ☐ Y ☐ N ☐ N/A or Refused

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

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

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: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning



Assessment Specialist

Field for the Assessment Specialist, not a required field:

1. There are significant concerns with this VI-SPDAT score. It is suggested that a full SPDAT be conducted should this client be referred to a housing program.

☐ This score seems significantly high. ☐ This score seems significantly low.

Comment:

2. Is this client a participant in the Dignity Health Passport to Health High Utilizer Program?

☐ Yes ☐ No



Date ____/____/____

Smart Path Non-Housing Resources

Select all categories of non-housing resources to which you referred the participant:

- ☐ Basic Needs (meals, food pantry, clothing, showers, emergency shelter)
- ☐ Health Services (medical services, mental health services, dental services, substance use disorder services)
- ☐ Government Benefits (Medi-Cal, SSI, General Assistance, TANF, CalFresh)
- ☐ Other (employment programs, personal identification (ID, birth certificate, Social Security Card), free phone, mail services, transportation (bus passes))



Smart Path Check In

Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____
Date ____ / ____ / ____	Date ____ / ____ / ____	Date ____ / ____ / ____