

## DATA SNAPSHOTS

The information in this document is intended to present housing, healthcare, and social service providers with descriptions of and links to publicly available data about people living with low incomes and people experiencing homelessness. The data referenced may be helpful in a variety of ways on its own, but is also presented to provide housing and healthcare stakeholders with an overview of what information is available to help facilitate conversations about how such information can be used and what other information is needed to further system integration. The following topics are covered:

**Population: Persons Experiencing Homelessness**

- Homeless Point-in-Time (PIT) Count
- Housing Wage

**Population: Individuals with Low Incomes and People Living in Poverty**

- Estimated Percentage of U.S. Population Living in Poverty
- Health Insurance Coverage of U.S. Residents with Low Incomes

**Population: Persons Living with HIV/AIDS**

- HIV Surveillance Reports
- Ryan White Program Statistics

**Population: HRSA Health Center Patients**

**Appendices**

- Appendix A: Healthcare Data Collected by Housing Providers and Housing Data Collected by Healthcare Providers
- Appendix B: VI-SPDAT Vulnerability Index/Assessment Tool

### *Population: Persons Experiencing Homelessness*

#### Homeless Point-in-Time (PIT) Count<sup>1</sup>

The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

**State/Local Resources:** 2015 PIT Count information available at:

<https://www.hudexchange.info/resource/3031/pit-and-hic-data-since-2007/> and  
[https://www.hudexchange.info/resource/reportmanagement/published/CoC\\_PopSub\\_CoC\\_ND-500-2015\\_ND\\_2015.pdf](https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_CoC_ND-500-2015_ND_2015.pdf)

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<sup>1</sup> HUD Exchange, "PIT and HIC Guides, Tools, and Webinars," <https://www.hudexchange.info/programs/hdx/guides/pit-hic/>

## Housing Wage<sup>2</sup>

"Housing wage" is the hourly wage needed to afford a two-bedroom apartment at Fair Market Rent without paying more than 30% of income on housing. It assumes a 40-hour work week, 52 weeks per year.

**State/Local Resources:** National Low-Income Housing Coalition, Housing Wage Calculator, <http://nlihc.org/library/wagecalc>

## Population: Individuals with Low Incomes and Those Living in Poverty<sup>3</sup>

The Henry J. Kaiser Family Foundation ([www.kff.org](http://www.kff.org)) provides national and state information on health issues, including the following:

### Estimated Percentage of U.S. Population Living in Poverty (2015)

Household Income Level	Percentage of Total Population
<b>Under 100% Federal Poverty Level (FPL)</b>	14%
<b>100-199% FPL</b>	18%
<b>200-399% FPL</b>	29%
<b>400% + FPL</b>	40%

Current Federal Poverty Level (FPL) guidelines:

- Individual: \$11,880 (\$11,770 in 2015)
- 2-person family: \$16,020 (\$15,930 in 2015)
- 3-person family: \$20,160 (\$20,090 in 2015)
- 4-person family: \$24,300 (\$24,250 in 2015)

### Health Insurance Coverage of U.S. Residents with Low Incomes (ages 0-64 (2015))

Income Level	Uninsured		Medicaid	
	Number	Percent of population subgroup	Number	Percent of population subgroup
<b>Under 100% FPL</b>	7,383,000	19%	21,336,800	54%
<b>Up to 200% FPL</b>	15,113,600	17%	39,077,100	45%

## Population: Persons Living With HIV/AIDS

### HIV Surveillance Reports<sup>4</sup>

HIV Surveillance is the ongoing collection, analysis, interpretation, dissemination, and evaluation of population-based information about persons with HIV infections. HIV Surveillance Reports provide an overview on the current epidemiology of HIV disease in a state.

<sup>2</sup> National Low-Income Housing Coalition, "Out of Reach 2016," [http://nlihc.org/sites/default/files/oor/OOR\\_2016.pdf](http://nlihc.org/sites/default/files/oor/OOR_2016.pdf)

<sup>3</sup> The Henry J. Kaiser Family Foundation, [www.kff.org](http://www.kff.org)

<sup>4</sup> Michigan Department of Health and Human Services, "Annual HIV Surveillance Report, Michigan," July 2015, [http://www.michigan.gov/documents/mdch/Statewide\\_496827\\_7.pdf](http://www.michigan.gov/documents/mdch/Statewide_496827_7.pdf) and The Centers for Disease Control and Prevention, "HIV Surveillance Report," <http://www.cdc.gov/hiv/library/reports/surveillance/>

**State/Local Resources:** Surveillance Reports may be made available by the Department of Health & Human Services or Department of Public Health in your state.

### Ryan White Program Statistics<sup>5</sup>

Ryan White HIV/AIDS Programs collect client level data and other information: demographics, services delivered and expenditures.

**State/Local Resources:** Ryan White HIV/AIDS Program State Profiles from 2013 are available at <http://hab.hrsa.gov/stateprofiles/Default.aspx>

### *Population: HRSA Health Center Patients*

Each year HRSA-funded Health Center Grantees are required to report core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues.

**State/Local Resources:** Health Center Program Grantee Data by state for 2015 is available at <http://bphc.hrsa.gov/uds/datacenter.aspx?q=d>

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<sup>5</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Programs, "Program Data," <http://www.hab.hrsa.gov/data/index.html>

# APPENDIX A: HEALTHCARE DATA COLLECTED BY HOUSING PROVIDERS AND HOUSING DATA COLLECTED BY HEALTHCARE PROVIDERS

## HEALTHCARE-RELATED QUESTIONS BY HOUSING PROVIDERS

### *Homeless Management Information System (HMIS)*<sup>6</sup>

Each community is required to maintain client-level data in a Homeless Management Information System (HMIS) as defined in the HUD Data Standards. Individual CoCs may also add standards beyond those the HUD Data Standards require. Housing providers enter data to the HMIS at various points over the client's interaction with the program, including entry, departure, and updates.

#### Data Categories

##### Standard 3.8: Disabling Condition (Y/N)

##### Standard 4.4: Covered by Health Insurance (Y/N)

- Medicaid
- Medicare
- State Children's Health Insurance Program
- Veteran's Administration (VA) Medical Services
- Employer-Provided Health Insurance
- Reason if "No" (for Housing Opportunities for Persons with AIDS (HOPWA) only)

##### Standard 4.5: Physical Disability (Y/N)

- Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
- Documentation of the disability and severity on file
- Currently receiving services/treatment for this disability

##### Standard 4.6: Developmental Disability (Y/N)

- Expected to substantially impair ability to live independently
- Documentation of the disability and severity on file
- Currently receiving services/treatment for this disability

##### Standard 4.7: Chronic Health Condition (Y/N)

- Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
- Documentation of the disability and severity on file
- Currently receiving services/treatment for this condition

##### Standard 4.8: HIV/AIDS (Y/N)

- Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
- Documentation of the disability and severity on file
- Currently receiving services/treatment for this condition

##### Standard 4.9: Mental Health Problem (Y/N)

- Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
- Documentation of the disability and severity on file

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<sup>6</sup> U.S. Department of Housing and Urban Development, "2014 HMIS Data Standards Manual," July 2015, <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.

- Currently receiving services/treatment for this condition
- How confirmed (for PATH only)
- Serious mental illness (SMI) and, if SMI, how confirmed (for PATH only)

#### Standard 4.10: Substance Abuse (Y/N)

- Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently
- Documentation of the disability and severity on file
- Currently receiving services/treatment for this condition
- How confirmed (for PATH only)

#### Standard 4.14A: Services Provided: PATH funded

- Type of PATH funded Services response categories include “community mental health” and “substance use treatment”

#### Standard 4.14B Services Provided: RHY (checkbox), including:

- Dental care
- Post-natal care
- Pre-natal care
- Health/medical care
- Psychological or psychiatric care
- Substance abuse assessment and/or treatment
- Substance abuse prevention
- Street Outreach – health and hygiene products distributed

#### Standard 4.14C Services Provided: Housing for People with AIDS (HOPWA)

- Date of service
- Type of service response categories include:
  - Health/medical care
  - Mental health care/counseling
  - Substance abuse services/treatment

#### Standard 4.14D: Services Provided: Supportive Services for Veteran Families Program (SSVF)

- Type of Assistance response categories include “assistance obtaining VA benefits” and “assistance obtaining/coordinating other public benefits”

#### Standard 4.16A: Referrals Provided: Projects for Assistance in Transition from Homelessness (PATH)

- Date of Referral
- Type of Referral: Community Mental Health, Substance Use Treatment, Primary Health Services, Medical Assistance
- Select Outcome for each: Attained, Not Attained, Unknown

#### Standard 4.16A: Referrals Provided: Runaway and Homeless Youth Program (RHY)

- Date of Referral
- Type of Referral: Medicaid, Non-Residential Substance Abuse or Mental Health Program

#### Standard 4.20: PATH Status: PATH

- Date of Status Determination
- Client Became Enrolled in PATH (Y/N)
- Reason Not Enrolled

#### Standard 4.27 General Health Status: RHY

- General Health Status: Excellent, Very good, Good, Fair, Poor

#### Standard 4.28 Dental Health Status: RHY

- Dental Health Status: Excellent, Very good, Good, Fair, Poor

#### Standard 4.29 Mental Health Status: RHY

- Mental Health Status: Excellent, Very good, Good, Fair, Poor

#### Standard 4.30 Pregnancy Status: RHY (Y/N)

- Due Date

#### Standard 4.33 Young Person's Critical Issues: RHY (Y/N), including

- Mental Health Issues – Youth
- Mental Health Issues – Family member
- Health Issues – Youth
- Health Issues – Family member
- Mental Disability – Youth
- Mental Disability – Family member
- Alcohol or other drug abuse – Youth
- Alcohol or other drug abuse – Family member

#### Standard 4.34 Referral Source: RHY, including:

- Residential Project: Drug Treatment Center
- Residential Project: Treatment Center
- Mental hospital
- Number of times approached by outreach prior to entering the project

#### Standard 4.39: Medical Assistance: HOPWA

- Receiving Public HIV/AIDS Medical Assistance? If no, reason.
- Receiving AIDS Drug Assistance Program (ADAP)? If no, reason.

### ***Annual Performance Report (APR)<sup>7</sup>***

HUD requires CoC-funded programs to provide an APR that analyzes certain data in HMIS to respond to specific questions. These questions are outlined in the CoC APR Guidebook and are not inclusive of all of the information in HMIS.

#### Data Categories

#### Q18a, Q22a: Number of Households with Specified Physical and Mental Health Conditions at Entry and Exit:

- Mental Illness
- Alcohol Abuse
- Drug Abuse
- Chronic Health Condition
- HIV/AIDS and Related Diseases
- Developmental Disability
- Physical Disability

#### Q18b, Q22b: Number of Physical and Mental Health Known Conditions at Entry and Exit:

- 1 Condition
- 2 Conditions
- 3+ Conditions

#### Q26a1, 26b2: Number of Adults and Children (leavers and stayers) Receiving Specified Non-cash Benefit Sources at exit/follow up, including:

- Medicaid Health Insurance

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<sup>7</sup> U.S. Department of Housing and Urban Development, "e-snaps CoC APR Guidebook for CoC Grant Funded Programs," March 2015, Version 8, <https://www.hudexchange.info/resources/documents/e-snaps-CoC-APR-Guidebook-for-CoC-Grant-Funded-Programs.pdf>.

- Medicare Health Insurance
- State Children’s Health Insurance
- VA Medical Services

Q26a2, Q26b2: Number of non-cash benefits for each adult or head of household (leavers and stayers, at exit/follow up):

- No Sources
- 1+ source
- Don’t know/refused
- Information missing

## HOUSING-RELATED QUESTIONS BY HEALTHCARE PROVIDERS

### *International Classification of Diseases (ICD-10)*<sup>8</sup>

The International Classification of Diseases, or ICD-10, is a healthcare classification system that provides diagnostic codes for classifying information relating to a patient’s condition and inpatient procedures, including specific diseases, symptoms, causes, abnormal findings, and social circumstances. The United States transitioned from the ICD-9 to the ICD-10 on October 1, 2015.

#### Data Categories

Z59.0 Homelessness

Z59.1 Inadequate Housing

Z59.5 Extreme Poverty

Z59.8 Other Problems Related to Housing and Economic Circumstances

Z59.9 Problems Related to Housing and Economic Circumstances, Unspecified

### *Federally Qualified Health Centers (FQHC) Patient Data*<sup>9</sup>

FQHCs maintain patient-level data necessary to report annually to the Health Resources and Services Administration (HRSA) through the Uniform Data System. All health centers report on selected patient characteristics for all patients that receive at least one face-to-face visit during the calendar year.

#### Data Categories

Homeless

Public Housing

Income/Medicaid/CHIP, Medicare, Other Third Party

### *Place of Service Codes for Professional Claims*<sup>10</sup>

Place of Service Codes are used throughout the healthcare industry to indicate the setting where services were rendered. These codes are maintained by CMS and required for use by the national standards for electronic transmission of professional health care claims under HIPAA.

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<sup>8</sup> UnitedHealthcare, “ICD-10-CM Code Lookup Tool,” <https://icd10codelookup.smartbaselink.com/>

<sup>9</sup> U.S. Health Resources and Services Administration (HRSA) Bureau of Primary Health Care, “UDS Reporting Instructions for Health Centers,” December 31, 2014, <http://bphc.hrsa.gov/datareporting/reporting/2014udsmanual.pdf>.

<sup>10</sup> U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, “Place of Service Codes for Professional Claims Database,” August 6, 2015, <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/Website-POS-database.pdf>.

## Data Categories

### 04 Homeless Shelter

## HOUSING-RELATED DATA COLLECTED BY OTHER ENTITIES

### ***Medicaid Encounter Data<sup>11</sup>***

Encounter data are the records of services delivered to Medicaid beneficiaries enrolled in managed care plans that receive a capitated, per-member-per-month payment. These records allow the Medicaid agency to track the services received by members enrolled in managed care. Encounter data typically come from billed claims that providers submit to managed care plans to be paid for their services. In response to the increase in homeless and at-risk members since Medicaid expansion, some MCOs have been using encounter data, among other data sources, to develop a homelessness predictor tool.

### ***Department of Education Data<sup>12</sup>***

The Consolidated State Performance Report (CSPR) is a data collection tool administered annually by The U.S. Department of Education's Office of Elementary and Secondary Education (OESE). ED*Facts* is an initiative to establish one federally coordinated, K through 12 education data repository, located in the Department of Education. ED*Facts* collects aggregate statistical information from administrative systems in state employment agencies and local education agencies. Beginning SY 2004-2005, the OESE began using the Education Data Exchange Network (EDEN) and EDEN Submission System (ESS) for data submission. The ESS is a centralized portal through which states electronically submit their education data to the data repository.

Every local education agency in the U.S. is required to submit homeless education data for inclusion in the ED*Facts* system. State Coordinators are responsible for overseeing the collection and submission of homeless education data.

## Data Categories

CSPR Question 1.9.1.1 – Number of homeless children and youths by grade level enrolled in public school at any time during the school year

CSPR Question 1.9.1.2 – Primary nighttime residence of homeless children and youths

CSPR Question 1.9.2.1 – Number of homeless children and youths by grade level served by McKinney-Vento subgrants

CSPR Question 1.9.2.2 Subgroups of homeless students served by McKinney-Vento subgrants

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<sup>11</sup> U.S. Department of Health and Human Services Centers for Medicare and Medicaid Services, "Encounter Data Toolkit," November 30, 2013, <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/downloads/medicaid-encounter-data-toolkit.pdf>.

<sup>12</sup> National Center for Homeless Education at the SERVE Center, "Consolidated State Performance Report: Federal Data Collection Guide for State Coordinators of Homeless Education School Year 2011-2012," Updated September 2012, [https://www.sde.idaho.gov/site/homeless\\_edu/docs/data/data\\_guide\\_11-12.pdf](https://www.sde.idaho.gov/site/homeless_edu/docs/data/data_guide_11-12.pdf).



## APPENDIX B: VI-SPDAT<sup>13</sup>

The VI-SPDAT is a “supertool” that combines the strengths of two widely used existing assessments:

- The Vulnerability Index (VI), a street outreach tool currently in use in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.
- The Service Prioritization Decision Assistance Tool (SPDAT), an intake and case management tool in use in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT is designed to help homeless housing and service providers calibrate their response based on the individual, not merely the general population category into which they may fall (e.g., vulnerable, chronically homeless, etc.). The tool helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation:

- **Permanent Supportive Housing:** Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.
- **Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.
- **Affordable Housing:** Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized housing but no specific intervention drawn uniquely from the homeless services world (In most cases, this amounts to no case management).

The VI-SPDAT helps identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention.

There are three versions of the VI-SPDAT to account for variations between different homeless single adults, families, and youth. A copy of the VI-SPDAT for Single Adults follows. For a copy of the Family or Youth VI-SPDAT, as well as the most up-to-date version of all VI-SPDAT forms, please visit <http://www.orgcode.com/product/vi-spdatt/>.

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<sup>13</sup> Jake Maguire, “Introducing the VI-SPDAT Pre-Screen Survey,” *100,000 Homes Blog*, February 7, 2013, <http://100khomes.org/blog/introducing-the-vi-spdatt-pre-screen-survey/>; Community Solutions and OrgCode, “Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT),” 2015, American Version 2.0: 11.

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

SINGLE ADULTS

AMERICAN VERSION 2.0

### 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> DD/MM/YYYY ___/___/____	<b>Survey Time</b> ___:___ AM/PM	<b>Survey Location</b> _____

### 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 or the assessor does not understand the 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> DD/MM/YYYY ___/___/____	<b>Age</b> _____	<b>Social Security Number</b> _____	<b>Consent to participate</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

SINGLE ADULTS

AMERICAN VERSION 2.0

A. History of Housing and Homelessness

- 1. Where do you 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: [ ]

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

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

B. Risks

- 4. In the past six months, how many times have you...
a) Received health care at an emergency department/room?
b) Taken an ambulance to the hospital?
c) Been hospitalized as an inpatient?
d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?
e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?
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?

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE. SCORE: [ ]

- 5. Have you been attacked or beaten up since you've become homeless?
6. Have you threatened to or tried to harm yourself or anyone else in the last year?

IF YES TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM. SCORE: [ ]

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

SINGLE ADULTS

AMERICAN VERSION 2.0

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

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

SCORE:

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

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?  **Y**  N  Refused

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

SCORE:

### C. Socialization & Daily Functioning

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

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  Y  **N**  Refused

IF YES TO QUESTION 10 OR NO TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT**.

SCORE:

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

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

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and cleaner and other things like that?  Y  **N**  Refused

IF YES, THEN SCORE 1 FOR **SELF CARE**.

SCORE:

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

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

SCORE:

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

SINGLE ADULTS

AMERICAN VERSION 2.0

**D. Wellness**

- 15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  Y  N  Refused
- 16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?  Y  N  Refused
- 17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?  Y  N  Refused
- 18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?  Y  N  Refused
- 19. When you are sick or not feeling well, do you avoid getting help?  Y  N  Refused
- 20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?  Y  N  N/A or Refused

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

- 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

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

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

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

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