

Identifying Information

***Case Worker:** _____ Note: Fields with an * **MUST** be answered.

***First Name** _____ ***Last Name** _____ **Nickname** _____

***Birthdate:** _____ Full DOB reported Age Data not collected
Age: _____ Partial Month/Year Client doesn't know Client refused
 Partial Day/Year Client refused

***Gender:** Male Full SSN reported
 Female Approximate or partial SSN reported
 Trans Female (MTF or Male to Female) Client doesn't know
 Trans Male (FTM or Female to Male) Client refused
 Gender Non-Conforming (i.e. not exclusively male or female) Data not collected
 Client refused

Which VI SPDAT would you like to fill out for this client? Youth (24 and younger)

Citizenship Status: US Citizen Ineligible Non-Citizen ***Language in which client is best able to express him/herself:**
 Eligible Non-Citizen Undocumented Chinese Korean
 Non-US Citizen COFA Client doesn't know Chuukese Marshallese
 US National – Non Citizen (American Samoa or Swains Island) Client refused English Ilocano Spanish
 Data not collected Japanese Tagalog Vietnamese
 Other

***Has the client ever served in the US Military?:**
 Yes No Client refused

Contact Info

***Is there a phone number where someone can safely get in touch with you or leave a message?** Yes** No

****Cell Phone:** _____ Primary Secondary Tertiary

Home Phone: _____ Primary Secondary Tertiary

Work Phone: _____ Primary Secondary Tertiary

***Is there an email where someone can safely get in touch with you?** Yes** No

****Email:** _____

Sharing

***Consent:** Yes No ***Date of Consent:** _____

***Relationship to HoH:** Self Step Child Guardian Other Non Relative
 Spouse Foster Child Grandparent Unknown
 Child Grandchild Other Relative

Entity Contact*This section on entity contact may be left blank.***Add Contact*****Last Name**

***First Name**

***Begin Date**

Relationship:** Abuser Case Manager Client Employer Home Housing Navigator Nurse Practitioner Other Physician Assistant RelativeZip Code**

Is this a multi-person household?** Yes** No*If yes, fill out an 'Add Family Member' form.****Program Entry Date:** Auto-populates**Provider:** Auto-populates**Program:** Oahu County VI SPDAT v2 TAY**Restriction:** Auto-populates**General Information/Consent*****Interviewer's Name:** _____***Agency:** Staff Team Volunteer***Survey date and time:** _____**Location:** _____***Has consented to participate:** Yes No**A. History of Housing****1. Where do you sleep most frequently?** Shelters Outdoors Transitional Couch surfing

Housing

 Refused Safe Haven Other (Specify)**2. How long has it been since you lived in permanent stable housing (in months)?** _____ Answered Refused**3. In the last three years, how many times have you been homeless?** _____ Answered Refused**B. Risks****For questions 4a-4f: In the past six months, how many times have you:****4a. Received health care at an emergency department/room?**

 Answered Refused**4b. Taken an ambulance to the hospital?**

 Answered Refused**4c. Been hospitalized as an inpatient?**

 Answered Refused**4d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?**

 Answered Refused**4e. 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?**

 Answered Refused**4f. Stayed one or more nights in a holding cell, jail, prison, or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?** _____ Answered Refused

5. Have you been attacked or beaten up since you've become homeless? Yes
 No
 Refused

7. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines, or make it more difficult to rent a place to live? Yes
 No
 Refused

9. Does anybody force or trick you to do things that you do not want to do? Yes
 No
 Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes
 No
 Refused

8. Were you ever incarcerated when younger than age 18? Yes
 No
 Refused

10. 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? Yes
 No
 Refused

C. Socialization and Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes
 No
 Refused

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Yes
 No
 Refused

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that? Yes
 No
 Refused

14. 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? Yes
 No
 Refused

15a-15f Is your current lack of stable housing because:

15a. You ran away from your family home, a group home, or a foster home? Yes
 No
 Refused

15c. Your family or friends caused you to become homeless? Yes
 No
 Refused

15e. Of violence at home between family members? Yes
 No
 Refused

15b. Of a difference in religious or cultural beliefs from your parents, guardians, or caregivers? Yes
 No
 Refused

15d. Of conflicts around gender identity or sexual orientation? Yes
 No
 Refused

15f. Of an unhealthy or abusive relationship, either at home or elsewhere? Yes
 No
 Refused

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Yes
 No
 Refused

18. 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? Yes
 No
 Refused

20. When you are sick or not feeling well, do you avoid getting medical help? Yes
 No
 Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart? Yes
 No
 Refused

19. 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? Yes
 No
 Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? Yes
 No
 Refused

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Yes No Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Yes No Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? Yes No Refused

25a – 25c: 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:

25a. Mental health issue or concern? Yes No Refused

25b. Past head injury? Yes No Refused

25c. Learning disability, developmental disability, or other impairment? Yes No Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Yes No Refused

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Yes No Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you steal medication? Yes No Refused

Follow Up Questions

On a regular day, where is it easiest to find you?

Ok, 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? Yes No

What time of day is it easiest to do so? *Select one.*

Specific Time _____ Afternoon (Noon – 4 pm)
 Morning (8 am – Noon) Evening (4 pm – 8 pm)
 Night (8 pm – Midnight)

Additional Follow Up Questions

***Survey Region:** Downton Honolulu – Salt Lake to Piikoi St Windward: Kaneohe to Waimanalo
 East Honolulu – Piikoi St to Hawaii Kai, including Waikiki Upper Windward – Kahaluu to Kahuku
 Ewa – Aiea to Kapolei North – Wahiawa to North Shore
 Waianae Coast

***Do you currently have a paid job?**
 Yes** Client doesn't know
 No Refused to answer

****Brief description of job(s), including name of employer.**

***Are you currently attending school and/or any other educational classes?**

Yes** Client doesn't know
 No Refused to answer

****Name of school/classes currently attending.**

Additional follow-up questions, continued

***Are you currently participating in any other programs for youth?**

- Yes** Client doesn't know
 No Refused to answer

Were you in Hawaii's foster care system after your 16th birthday?

- Yes Client doesn't know
 No Refused to answer

***Where did you live prior to becoming homeless?**

- Oahu Molokai
 Hawaii Island Lanai
 Maui US Mainland: Specify state: _____
 Kauai Other: Specify _____

***Has you or anyone in your household served in the US military?** Yes** No

****If yes, which war/war era?**

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Persian Gulf Era (Aug 1991-Present) | <input type="checkbox"/> Korean War (June 1950-January 1955) | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Post Vietnam (May 1975 – July 1991) | <input type="checkbox"/> Between WWII and Korean War (Aug 1947-May 1950) | <input type="checkbox"/> Won't answer |
| <input type="checkbox"/> Vietnam Era (Aug 1964 – April 1975) | <input type="checkbox"/> World War II (Sept 1940 – July 1947) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Between Korea and Vietnam Wars (Feb 1955-July 1964) | <input type="checkbox"/> Post Sept 11, 2001 (Sept 11, 2001 – Present) | |
| | <input type="checkbox"/> Afghanistan/Iraq | |

****What was your discharge status?**

- | | | |
|--|--|--|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad conduct | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Dishonorable | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Under other than honorable conditions | <input type="checkbox"/> Uncharacterized | <input type="checkbox"/> Data not collected |

***What kind of medical insurance do you have?**

- Medicaid** VA** None
 Medicare** Private insurance** Other**: _____

****Medical Plan Name?**

- | | | |
|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> AlohaCare | <input type="checkbox"/> Medicare | <input type="checkbox"/> United Health Care |
| <input type="checkbox"/> HMSA | <input type="checkbox"/> Not sure | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Kaiser | <input type="checkbox"/> Ohana | |
| | <input type="checkbox"/> Other | |

***Surveyor: Is the client a verified user of emergency services?**

- Yes Unknown Refused
 No Data not collected

***Surveyor: Is the client a verified frequent user of high level mental health services (MH-1)?**

- Yes Unknown Refused
 No Data not collected