COUNTY COORDINATED ENTRY SYSTEM

**SINGLE ADULT VI-SPDAT SCORE REVISION WORKSHEET v****10 – Updated September 4, 2019**

**Directions: To fill out this form have the individual’s original VI-SPDAT score in front of you. You must be designated as the lead in your agency to complete this revision worksheet.**

For each category where the score is *not reflective* of the client’s vulnerability, indicate the original answers and score as self-reported and the revised score. Provide *clear, specific* rationale for the adjustment. Please note what type of records are available to validate the new score should follow up be needed. Tally the total at the bottom of each column. *Questions marked “Required” must also be completed*. Program manager/director must review and sign. Email **with encryption** to ce@marinhousing.org upon completion.

Persons who have declined a VI-SPDAT assessment on two or more occasions at least three weeks apart may be referred to Steering as a “decliner.”

|  |  |
| --- | --- |
| Client Name: HMIS ID if known:  | DOB:  |
| Person Completing the Form: | Org:  | Date: |
| Program Manager / Director Name: |  |  |

|  | **VISPDAT****Question****#** | **Question** | **Original** | **Revised** | **Rationale (Please explain your reason and indicate what kind of records or documentation are available to validate your rationale). All information must be included on the worksheet. If additional space is needed, you may increase the size of the table cell in Word or—if writing by hand—overflow into the margins or other cells.** |
| --- | --- | --- | --- | --- | --- |
| PRE |  | Age |  |  |  |
| If the person is 60 years of age or older, score 1 | Original: | Revised: |
| A. History | Question 1 | Where You Sleep | □ Shelter□ TH**□ Outdoors****□ Other****□ Refused** | □ Shelter□ TH**□ Outdoors****□ Other****□ Refused** |  |
| If anything but Shelter or Transitional Housing, score 1(note: client must be literally homeless, not couchsurfing) | Original: | Revised: |
| Question 2 | **How Long Since Stably Housed** **(Required)** |  |  |  |
| Question 3 | Times Homeless in Last 3 Years |  |  |  |
| If the person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1 | Original: | Revised: |
| B. Risks | Question 4a | Number of Emergency Department Visits |  |  |  |
| Question 4b | Number of Ambulances |  |  |  |
| **Question 4c** | **Number of** **Hospitalizations****(required)** |  |  |  |
| Question 4d | Number of Times Client Used Crisis Services |  |  |  |
| Question 4e | Number of Times Client Talked to Police |  |  |  |
| Question 4f | Number of Times Client Was in Holding Cell/Jail |  |  |  |
| If total number of interactions equals 4 or more, score 1 for **Emergency Service Use** | Original: | Revised: |
| Question 5 | Attacked or Beaten Up | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 6 | Threats or Harm | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes to any of the above, score 1 for **Risk of Harm** | Original: | Revised: |
| Question 7 | Legal Stuff | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes, score 1 for **Legal Issues** | Original: | Revised: |
| Question 8 | Forced or Tricked | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 9 | Risky Behavior | □ **Yes**□ No | □ **Yes**□ No |  |
|  | If Yes to any of the above, score 1 for **Risk of Exploitation** | Original: | Revised: |
| C. Socialization | Question 10 | Any Money Owed | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 11 | Any Income | □ Yes□ **No** | □ Yes□ **No** |  |
| If Yes to question 10 or No to question 11, score 1 for **Money Management** | Original: | Revised: |
| Question 12 | Meaningful Daily Activities | □ Yes□ **No** | NA | This is a subjective measure and cannot be corrected |
| If No, score 1 for **Meaningful Daily Activity** | Original: | Revised: |
| Question 13 | Self-Care | □ Yes□ **No** | □ Yes□ **No** |  |
| If No, score 1 for **Self-Care** | Original: | Revised: |
| Question 14 | Unhealthy Relationships | □ **Yes**□ No | □ **Yes**□ No |  |
|  | If Yes, score 1 for S**ocial Relationships** | Original: | Revised: |
| D. Wellness | Question 15 | Lost Housing for Physical Health | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 16 | Liver, Kidneys, Stomach, Lungs, or Heart Problems | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 17 | HIV/AIDS | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 18 | Physical Disabilities That Would Limit Housing | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 19 | Avoids Getting Help | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 20 | Pregnant | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes to any of the above, score 1 for **Physical Health** | Original: | Revised: |
| D. Wellness | Question 21 | Lost Housing for Substance Use | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 22 | Substance Use That Would Limit Housing | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes to any of the above, score 1 for **Substance Use** | Original: | Revised: |
| Question 23a | Lost Housing for Mental Health | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 23b | Lost Housing for Head Injury | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 23c | Lost Housing for Developmental Disability | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 24 | Mental Health That Would Limit Housing | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes to any of the above, score 1 for **Mental Health** | Original: | Revised: |
| If client scores 1 for **Physical Health** and 1 for **Substance Use** and 1 for **Mental Health**, score 1 for **Tri-Morbidity** | Original: | Revised: |
| Question 25 | Not Taking Medication | □ **Yes**□ No | □ **Yes**□ No |  |
| Question 26 | Misusing Medication | □ **Yes**□ No | □ **Yes**□ No |  |
| If Yes to any of the above, score 1 for **Medications** | Original: | Revised: |
| Question 27 | Abuse and Trauma | □ **Yes**□ No | □ **Yes**□ No |  |
|  | If Yes, score 1 for **Abuse and Trauma** | Original: | Revised: |
| **Total Score:** | Original: | Revised: |

I certify that I have completed this revision in consultation with the revision worksheet guide and that all information is, to the best of my knowledge, correct.

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Printed Name Signature Date

I certify that I have reviewed this revision worksheet

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Supervisor Name Signature Date