**Family VI-SPDAT Version 3 Score Revision Worksheet**

Directions: For each category where the score is not reflective of the client’s vulnerability, indicate the original score as self-reported and the revised score. Provide clear, specific rationale for the adjustment. Tally the total at the bottom of each column. Attach third party documentation (described below) to the form and sign. Once form is signed, please email to Brandee.Freitas@countyofnapa.org.

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|  | **Categories**  | **Original Score**  | **Revised Score** |  **Rationale**  |
| **Administration** |
| **Section 1: Children within the Household** | **Question 1:** How many children under the age of 18 are currently with you?**Questions 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?**Questions 3:** Is any member of the family currently pregnant?**Question 4:** Please provide a list of children in your household… |  |  |  |
| **Section 2: Presenting Needs** | **Question 5:** Most days can you and your family… |  |  |  |
| **Section 3: Housing History & Chronic Homelessness Determination** | **Question 6:** How long has it been since you and your family lived in stable, permanent housing? (is this in days or months or years?)**Question 7:** In the last three years, how many times have you been homeless?**Question 8:** Thinking about those last three years and the different times you and your family were homeless, if you add up all the months you were homeless, what is the total length of time your family has experienced homelessness?**Question 9:** Do you have any diagnosed, documented, disabling conditions? |  |  |  |
| **Question 10:** Has your family ever lived in a home that you own or an apartment in your name?**Question 11:** Have you and your family ever been evicted? |  |  |  |
| **Section 4: Vulnerability & Housing Support Needs** | **Question 12:** In the last 6 months, how many times have you or anyone in your family… |  |  |  |
| **Question 13:** Since your family has been homeless… |  |  |  |
| **Question 14:** Does anyone in your family have any legal stuff going on right now that may result in any of the following…**Question 15:** Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing? |  |  |  |
| **Question 16:** Does anyone trick, manipulate, exploit or force anyone in your family to do things they do not want to do?**Question 17:** Where do you and your family sleep most frequently? **Question 18:** Does anyone in your family ever do things that may be considered to be risky or harmful like run drugs, share a needle, do sex work, or anything like that? |  |  |  |
| **Question 19:** Is there anybody that thinks that you or anyone in your family owes them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that?**Question 20:** Do you or anyone in your family get any money from the government, a job, alimony, child support, working under the table, day labour, an inheritance or a pension, or anything like that?**Question 21:** Do you or anyone in your family ever gamble with money they cannot afford to lose or have debts associated with gambling? |  |  |  |
| **Question 22:** Does everyone in your family have planned activities, other than activities for survival, at least four days per week that make them feel happy and fulfilled? |  |  |  |
| **Question 23:** Does your family have a collection of belongings that gets in the way with your ability to access services or housing? |  |  |  |
| **Question 24:** Would you say that your family’s current homelessness was caused by any of the following…**Question 25:** Do most of your family and friends have stable housing? |  |  |  |
| **Question 26:** Is anyone in your current household 60 years of age or older?**Question 27:** Does anyone in your family have any physical or mental health issues or cognitive issues including a brain injury, that might require assistance to access or keep housing? |  |  |  |
| **Question 28:** Does anyone in your family use alcohol or drugs in a way that it… |  |  |  |
| **Question 29:** Are there any medications that, for whatever reason… |  |  |  |
| **Question 30:** Has your family’s homelessness been caused by any recent or past trauma or abuse? |  |  |  |
| **Question 31:** Are there any children that have been removed from the family by a child protection service in the last six months?**Question 32:** Do you have any family legal issues like child custody, protection issues, divorce, or anything like that being resolved in court or needing to be resolved in court that would impact your housing or who may live within your housing? |  |  |  |
| **Question 33:** At any point in the last six months, have any of your children been separated from you to live with another family member or friend?**Question 34:** In the last six months, have any of the children experienced abuse or trauma?**Question 35:** If there are school-aged children: Do your children attend school more often than not each week? |  |  |  |
| **Question 36:** In the last six months, have the adults in the family changed because of a new relationship, a separation, incarceration, military deployment, or anything like that?**Question 37:** Do you anticipate any other adults or children coming to live with your family in the first six months after you and your family get housed? |  |  |  |
| **Question 38:** Does your family have a support network for when you need help with your children or other things that come up?**Question 39:** If there are children 12 and younger as well as 13 and over: In your household, do the older kids spend two or more hours on a typical day helping their younger siblings with things like getting ready for school, homework, dinner, bathing them, or anything like that? |  |  |  |

**Note:** The score revision tool must include an attachment containing third-party documentation to support the revision. Staff must comply with all applicable privacy regulations in obtaining third-party documentation. Examples of third-party documentation include: HMIS record, letter from another outreach or case worker, other than the staff member requesting the score change, documentation from an institution (ex. rehab, hospital).

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 Staff Signature Date