**VI-SPDAT Version 3 Single Adult 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Categories**  | **Original Score**  | **Revised Score** |  **Rationale**  |
| **Administration** |
| **Section 1: Presenting Needs** | **Question 1:** Most days can you do the following… |  |  |  |
| **Section 2: Housing History and Chronic Homelessness**  | **Questions 2-5:** Chronic homelessness  |  |  |  |
| **Questions 6 and 7:** Housing History |  |  |  |
| **Section 3: Vulnerabilities and Housing Support Needs** | **Question 8:** In the last 6 months, how many times have you… |  |  |  |
| **Question 9:** Since you have been homeless… |  |  |  |
| **Question 10:** Do you have any legal stuff going on right now that may result in any of the following…**Question 11**: Have you ever been convicted of a crime that makes it difficult to access or maintain housing? |  |  |  |
| **Question 12:** Does anyone trick, manipulate, exploit or force you to do things you do not want to do?**Question 13:** Where do you sleep most frequently?**Question 14:** Do you 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 15**: Is there anybody that thinks you owe them money like a family member, friend, past landlord, business, bookie, dealer, bank, credit card company, utility company or anyone like that?**Question 16**: Do you get any money from the government, a job, working under the table, day labor, an inheritance or a pension, or anything like that? **Question 17:** Do you ever gamble with money you cannot afford to lose or have debts associated with gambling?  |  |  |  |
| **Question 18**: Do you have planned activities, other than activities for survival, at least four days per week that make you feel happy and fulfilled?  |  |  |  |
| **Question 19:**  Do you have a collection of belongings that gets in the way with your ability to access services or housing? |  |  |  |
| **Question 20:** Would you say that your current homelessness was caused by any of the following…**Question 21:** Do most of your family and friends have stable housing?  |  |  |  |
| **Question 22:** Are you 60 years of age or older? **Question 23:** Do you have any physical or mental health issues or cognitive issues including a brain injury, that you would require assistance to access or keep housing? **Question 24:** Are you currently pregnant? (If applicable)  |  |  |  |
| **Question 25:**  Do you use alcohol or drugs in a way that it… |  |  |  |
| **Question 26:** Are there any medications that, for whatever reason:  |  |  |  |
| **Question 27:** Has your homelessness been caused by any recent or past trauma or abuse?  |  |  |  |

**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).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

 Staff Signature Date