

Institute for Community Alliances

Racine Homeless Assessment Training

Presented by Institute for Community Alliances

12/12/2023

Homeless Assessment Tool:

- Will replace the VI-SPDAT, VI-Y-SPDAT, and VI-F-SPDAT
- All information is collected on the Prescreen form
- Information collected is all self-report for purposes of CE. Verification happens at the housing project entry
- Just one assessment regardless of age and if children in household.
 - Household determines their head of household.
 - Adults can be assessed on own if they choose
- Total score will be out of 103 points – calculating points is done in HMIS.
- Does not change order of Priority for any programs
- Updated forms can be found on the Racine CoC Website [here](#)
 - Prescreen Form
 - Opening Script
 - Client Rights and Responsibilities **and**
 - Release of Information for CE Staffing

Homeless Assessment Tool

Category	Available Points	Factors	% of Available points
Chronic Homeless Status	10	Chronically homeless based on HUD Definition	100%
Length of Time Homeless	15	12 or more months	100%
		10 to 11 months	75%
		7 to 9 months	50%
		4 to 6 months	25%
		0 to 3 months	10%
Living Situation/Actively Fleeing	20	Actively Fleeing DV/SA/Human Trafficking	100%
		Place Not Meant for Human Habitation	100%
		Emergency Shelter/Emergency Motel Voucher	95%
		Institutionalization (ie: treatment, jail, hospitalization)	75%
		Transitional Housing	20%
Sub-Population	20	Advanced Senior Age (62+)	35%
		Senior Age (55+)	35%
		TAY (18-24)	35%
		Families with 5+ individuals	35%
		Families with Children under 4 years old	30%
Most Needs	25 (28)	Mental Health Disorder (Ex: depression, anxiety, PTSD, schizophrenia, bipolar disorder, OCD, personality disorders, mood disorders, etc.)	15%
		Developmental Disabilities (Ex: autism spectrum disorder, ADHD, intellectual disability, learning disability, etc.)	15%
		Substance Use Disorder	15%
		Physical Disability (Ex: epilepsy, spinal cord injuries, loss of limb/vision, respiratory disorders, sleep	15%
		Chronic Health Condition (Ex: heart disease, autoimmune disorder, chronic pain, nerve pain, stroke, diabetes, cancer, asthma/COPD, chronic kidney disease, high blood pressure, etc.)	15%
		HIV/AIDS	15%
		Non-Chronic Medical Needs (Ex: broken bone, burns, flu, bronchitis, pneumonia, recent surgery, concussions, etc.)	10%
		<i>3 additional points for two or more disability types</i>	
Barriers Assessment Tool	10	<u>16-24</u>	100%
		<u>6 to 15</u>	50%
		<u>0-5</u>	0%

Barrier Assessment Tool

		Score	Possible points
			Household
1	Have you or anyone in your household been impacted by or discriminated against due to racial or ethnic bias?		3
	Have you or anyone in your household been impacted by or discriminated against due to gender identity or sexual orientation?		3
2	How many times have you or anyone in your household been arrested, cited, or been in jail/prison/juvenile detention? No = 0		
	1-3 times		1
	4-6 times		2
	7 or more		3
3	Do you or anyone in your household have any past or current financial legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: Rental arrears, Eviction, Past due child support, SSI/SSDI over-payment, ect.)		2
	Do you or anyone in your household have any past or current family legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: custody and placement, separation, divorce, paternity)		2
4	How many times have you or anyone in your household been the victim of a crime in the past year? (Examples: Felony, Assault, Battery, Theft, Sexual Assault, Human Trafficking or Active Restraining Order, ect.) No = 0		
	1-2 times		1
	3-4 times		2
	5 or more		3
5	Have you or anyone in your household experienced any form of domestic, sexual violence, and/or trafficking in the past year? (If yes, answer additional questions below) No = 0		
	a. Has someone asked (or forced) you or anyone in your household to have sex or sell anything in exchange for something?		1
	b. Is someone threatening to harm you or your family if you don't do what they ask?		1
	c. Does this person have access to a weapon?		1
	d. Has this person ever threatened to kill you or anyone in your household, another loved one, pets, or themselves?		1
	e. Has this person ever caused you or your household members bodily harm? (ex: strangulation, head injury, stabbing, sexual assault)		1
6	Has your household had a consistent source of income for at least the last 6 months? Yes = 0 No = 3		3

Metric 1: Chronic Homeless Status

Homeless Assessment Tool

Category	Available Points	Factors	% of Available points
Chronic Homeless Status	10	Chronically homeless based on HUD Definition	100%

In the [Defining “Chronically Homeless” Final Rule \(2015\)](#) disability is defined as one or more of the following:

1. Physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
Is expected to be long-continuing or of indefinite duration; **and**
Substantially impedes the person’s ability to live independently; **and**
Could be improved by more suitable housing.

A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:


1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, **and**
2. Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.

Metric 1: Chronic Homeless Status

Comes from Racine CoC Prescreen form

Household members (List everyone living in your household, related & unrelated.)

Head of Household:	_____	_____	_____	_____
	Last Name	First	MI	Date of Birth
	_____	_____	_____	_____
	Gender	Race and Ethnicity	Race/Ethnicity Detail	Disability



Living situation at time of assessment:

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Place not meant for habitation

If **any of the above 2** are checked, approximate date started and continued _____

Length of living situation in place marked above _____

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: _____

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: _____

If **more than 12 months**, how many total months in the past 3 years? _____

Metric 2: Length of Time Homeless

Homeless Assessment Tool			
Category	Available Points	Factors	% of Available points
Length of Time Homeless	15	12 or more months	100%
		10 to 11 months	75%
		7 to 9 months	50%
		4 to 6 months	25%
		0 to 3 months	10%

Total number of months homeless in past 3 years

Metric 2: Length of Time Homeless

Comes from Prescreen form

Length of living situation in place marked above _____

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: _____

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: _____

If more than 12 months, how many total months in the past 3 years? _____

Metric 3: Living Situation and Fleeing

Homeless Assessment Tool			
Category	Available Points	Factors	% of Available points
Living Situation/Actively Fleeing	20	Actively Fleeing DV/SA/Human Trafficking	100%
		Place Not Meant for Human Habitation	100%
		Emergency Shelter/Emergency Motel Voucher	95%
		Institutionalization (ie: treatment, jail, hospitalization)	75%
		Transitional Housing	20%

Per [HMIS Data Standards Manual 2024 \(page 97\)](#) Staff can help clients understand that the HEARTH Act definition of a DV includes “when a person is experiencing trauma or lack of safety related to, or fleeing to attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life threatening conditions related to the violence against the in the individual's or family’s current housing situation, including where the health and safety of children are jeopardized” which is broader than a specific violent episode. The definition also includes people who have no safe residence and lack the resources to obtain other safe permanent housing.

Metric 2: Living Situation and Fleeing

Comes from Prescreen form

Are you a survivor of domestic violence, sexual violence, and/or human trafficking? ☐ Yes | ☐ No

If yes, would you like a referral to the victim service agency? ☐ Yes | ☐ No

If yes, are you currently fleeing the situation? ☐ Yes (*referral to a local DV agency needed*) | ☐ No (when experience occurred _____)

Living situation at time of assessment:

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Place not meant for habitation

If **any of the above 2** are checked, approximate date started and continued _____ **Required for housing placement

☐ Staying or living in a **family** member's room, apartment, or house

☐ Staying or living in a **friend's** room, apartment, or house

☐ Rental by client, no housing subsidy

☐ Rental by client, with ongoing housing subsidy, specify:

☐ Residential project or halfway house with no homeless criteria

☐ Jail, prison, or juvenile detention facility

☐ Transitional housing for homeless persons (including homeless youth)

☐ Permanent housing for formerly homeless persons

☐ Psychiatric hospital or other psychiatric facility center

☐ Hospital or other residential (non-psychiatric) facility

☐ Other _____

☐ Owned by client, no housing subsidy

☐ Owned by client, with housing subsidy

☐ Foster care home or foster care group home

☐ Substance abuse treatment facility or detox

☐ Hotel or motel paid for without emergency shelter voucher

Metric 4: Sub-Population

Homeless Assessment Tool			
Category	Available Points	Factors	% of Available points
Sub-Population	20	Advanced Senior Age (62+)	35%
		Senior Age (55+)	35%
		TAY (18-24)	35%
		Families with 5+ individuals	35%
		Families with Children under 4 years old	30%

Household can score in multiple factors.

Maximum score is 20 pts.

TAY is defined as Unaccompanied youth under age 25. Can be parenting youth 18 – 24-year-old without another adult over 24 in the household.

Metric 4: Sub- Population

Comes from Prescreen form

Household members (List everyone living in your household, related & unrelated.)				
Head of Household:	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
Household Member 02	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
Household Member 03	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
Household Member 04	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>
	<div></div>	<div></div>	<div></div>	<div></div>

Metric 5: Most Needs

Homeless Assessment Tool			
Category	Available Points	Factors	% of Available points
Most Needs	25 (28)	Mental Health Disorder (Ex: depression, anxiety, PTSD, schizophrenia, bipolar disorder, OCD, personality disorders, mood disorders, etc.)	15%
		Developmental Disabilities (Ex: autism spectrum disorder, ADHD, intellectual disability, learning disability, etc.)	15%
		Substance Use Disorder	15%
		Physical Disability (Ex: epilepsy, spinal cord injuries, loss of limb/vision, respiratory disorders, sleep disorders, etc.)	15%
		Chronic Health Condition (Ex: heart disease, autoimmune disorder, chronic pain, nerve pain, stroke, diabetes, cancer, asthma/COPD, chronic kidney disease, high blood pressure, etc.)	15%
		HIV/AIDS	15%
		Non-Chronic Medical Needs (Ex: broken bone, burns, flu, bronchitis, pneumonia, recent surgery, concussions, etc.)	10%
		3 additional points for two or more disability types	

Metric 5: Most Needs

Comes from Prescreen form

Do you or anyone in your household have any disabling conditions which contribute to your experience of homelessness or may be a factor in housing, referenced below? ☐ Yes | ☐ No

If yes, how many of the following apply to your household? (1-6) _____

Mental Health Disorder¹

Developmental Disability²

Substance Use Disorder³

Physical Disability⁴

Chronic Health Condition⁵

HIV/AIDS⁶

Do you or anyone in your household have non-chronic medical⁷ needs? ☐ Yes | ☐ No

¹**Mental Health Disorder** (Ex: depression, anxiety, PTSD, schizophrenia, bipolar disorder, OCD, personality disorders, mood disorders, etc.)

²**Developmental Disabilities** (Ex: autism spectrum disorder, ADHD, intellectual disability, learning disability, etc.)

³**Substance Use Disorder**

⁴**Physical Disability** (Ex: epilepsy, spinal cord injuries, loss of limb/vision, respiratory disorders, sleep disorders, etc.)

⁵**Chronic Health Condition** (Ex: heart disease, autoimmune disorder, chronic pain, nerve pain, stroke, diabetes, cancer, asthma/COPD, chronic kidney disease, high blood pressure, etc.)

⁶**HIV/AIDS**

⁷**Non-Chronic Medical Needs** (Ex: broken bone, burns, flu, bronchitis, pneumonia, recent surgery, concussions, etc.)

Metric 6: Barriers Assessment

Homeless Assessment Tool			
Category	Available Points	Factors	% of Available points
Barriers Assessment Tool	10	<u>16-24</u>	100%
		<u>6 to 15</u>	50%
		<u>0-5</u>	0%

Please be sure you are taking a trauma informed approach when administering the assessment

Inform participants they can have an option to not answer any questions or stop at any point and resume when more comfortable

Inform participants these are yes and no questions. Statements like “I have all the information I need to complete this question/referral, but if you want to continue to share, I’m happy to listen” empowering client choice

Metric 6: Barriers Assessment

Comes from Prescreen form

Have you or anyone in your household been impacted by or discriminated against due to racial or ethnic bias? ☐ Yes | ☐ No
Have you or anyone in your household been impacted by or discriminated against due to gender identity or sexual orientation?
☐ Yes | ☐ No

How many times have you or anyone in your household been arrested, cited, or been in jail/prison/juvenile detention? _____

Do you or anyone in your household have any past or current financial legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: Rental arrears, Eviction, Past due child support, SSI/SSDI over-payment, etc.) ☐ Yes | ☐ No

Do you or anyone in your household have any past or current family legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: custody and placement, separation, divorce, paternity)
☐ Yes | ☐ No

Have you/your family had a consistent source of income for at least the last 6 months? ☐ Yes | ☐ No

Metric 6: Barriers Assessment

Comes from Prescreen form

NOTE COORDINATED ENTRY STAFF: Inform the prospective client that the next questions ask about recent or past trauma. Ask the client if it is okay to proceed. If the client does not want to be asked the questions, enter client prefers not to answer.

How many times have you or anyone in your household been the victim of a crime in the past year? (Examples: Felony, Assault, Battery, Theft, Sexual Assault, Human Trafficking or Active Restraining Order, etc.) _____

Have you or anyone in your household experienced any form of domestic, sexual violence, and/or trafficking in the past year?
☐ Yes | ☐ No

(If yes, answer additional questions below)

Has someone asked (or forced) you or anyone in your household to have sex or sell anything in exchange for something? ☐ Yes | ☐ No

Is someone threatening to harm you or your family if you don't do what they ask? ☐ Yes | ☐ No

Does this person have access to a weapon? ☐ Yes | ☐ No

Has this person ever threatened to kill you or anyone in your household, another loved one, pets, or themselves?
☐ Yes | ☐ No

Has this person ever caused you or your household members bodily harm? (ex: strangulation, head injury, stabbing, sexual assault) ☐ Yes | ☐ No

Thank you!

Reach out with any questions
Iraida Vazquez
Iraida.Vazquez@icalliances.org

