CHAMP: VI-FSPDAT (Family Assessment)

This tool was originally developed by OrgCode. CHAMP questions have been added but do not impact score

*Directions: Use this tool for all literally homeless families. A family is defined as any household constellation with a minor (under 18 years-of-age). The tool should be completed with the head of household ONLY.*

**General Information:**
1. Agency conducting assessment:

| ☐ CAC | ☐ VMC |
| ☐ Catholic Charities | ☐ VOA |
| ☐ Helen Ross McNabb | ☐ YWCA |
| ☐ Salvation Army | |

2. Household Status:

| ☐ Individual | ☐ Two Adults With Child(ren) |
| ☐ Multi-Adult Without Child(ren) | ☐ Unaccompanied Youth 24 or Younger |
| ☐ Single Adult With Child(ren) | |

**Basic Information:**
1. Is either head of household 60 years of age or older? ☐ Yes ☐ No ☐ Refused

2. How many parents are included in this family?

| ☐ 0 | ☐ 3 or more |
| ☐ 1 | ☐ Refused |
| ☐ 2 | |

**Children:**
1. How many children under the age of 18 are currently with you?

| ☐ 0 | ☐ 3 or more |
| ☐ 1 | ☐ Refused |
| ☐ 2 | |
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?

- 0
- 1
- 2
- 3 or more
- Refused

3. IF HOUSING INCLUDES A FEMALE: Is any member of the family currently pregnant?

- Yes
- No
- Refused

4. If your family includes children, are any of them...
   a. Ages 6 or younger?
      - Yes
      - No
      - Refused
   b. Ages 11 or younger?
      - Yes
      - No
      - Refused
   c. You may use this area to provide a list of children’s names and ages:

   *(child’s last name, first name; eg. Smith, Suzy)*

5. Where do you and your family sleep most frequently (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors
- Other (specify)
- Refused

6. How long has it been since you and your family lived in permanent stable housing?

- Currently in Stable Housing
- Less than 1 year
- One year or more
- Refused

7. In the last three years, how many times have you and your family been homeless?

_____ or Refused
B. Risks

8. *In the past six months, how many times have you or anyone in your family...*

   a. Received health care at an emergency department/room?  
      ______ or ❑ Refused

   b. Taken an ambulance to the hospital?  
      ______ or ❑ Refused

   c. Been hospitalized as an inpatient?  
      ______ or ❑ Refused

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

   e. Talked to police because they witnessed a crime, were the victim of a crime, or 
      the alleged perpetrator of a crime or because the police told them that they 
      must move along?  
      ______ or ❑ Refused

   f. Stayed one or more nights in a holding cell, jail, or prison, whether that was a 
      short-term stay like the drunk tank, a longer stay for a more serious offense, or 
      anything in between?  
      ______ or ❑ Refused

9. Have you or anyone in your family been attacked or beaten up since they've become 
   homeless?  
   ❑ Yes ❑ No ❑ Refused

10. Have you or anyone in your family threatened to or tried to harm themself or anyone 
     else in the last year?  
     ❑ Yes ❑ No ❑ Refused

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

12. Does anybody force or trick you or anyone in your family to do things that you do not 
     want to do?  
     ❑ Yes ❑ No ❑ Refused

13. Do you or anyone in your family ever do things that may be considered to be risky 
     like exchange sex for money, run drugs for someone, have unprotected sex with 
     someone they don’t know, share a needle, or anything like that?  
     ❑ Yes ❑ No ❑ Refused

C. Socialization & Daily Functioning

14. Is there a person, past landlord, business, bookie, dealer, or government group like 
     the IRS that thinks you or anyone in your family owe them money?  
     ❑ Yes ❑ No ❑ Refused
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15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? □ Yes □ No □ Refused

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? □ Yes □ No □ Refused

17. Is everyone in your family 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

18. Is your family’s current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused your family to become evicted? □ Yes □ No □ Refused

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? □ Yes □ No □ Refused

20. Do you or anyone in your family have any chronic health issues with their liver, kidneys, stomach, lungs, or heart? □ Yes □ No □ Refused

21. 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 or anyone in your family? □ Yes □ No □ Refused

22. Does anyone in your family 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

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? □ Yes □ No □ Refused

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

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

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
   a. A mental health issue or concern □ Yes □ No □ Refused
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b. A past head injury? □ Yes □ No □ Refused

c. A learning disability, developmental disability, or other impairment? □ Yes □ No □ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? □ Yes □ No □ Refused

28. If the family answered Yes to ANY Physical Health questions 19 through 23, AND Yes to ANY Substance Use questions 24 through 25, AND Yes to ANY Mental Health questions 26 through 27:
   a. Does any single member of your household have a medical condition, mental health concern, and experience with problematic substance use? □ Yes □ No □ N/A □ Refused

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? □ Yes □ No □ Refused

30. Are there any medications like painkillers that you or anyone in your family don’t take the way the doctor prescribed or where they sell the medication? □ Yes □ No □ Refused

31. YES OR NO: Has your family’s current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? □ Yes □ No □ Refused

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? □ Yes □ No □ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? □ Yes □ No □ Refused

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? □ Yes □ No □ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? □ Yes □ No □ Refused

36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? □ Yes □ No □ N/A □ Refused

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? □ Yes □ No □ Refused
38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? □ Yes □ No □ Refused

39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? □ Yes □ No □ Refused

40. After school, or on weekends or days when there isn’t school, is the total time children spend each day where there is no interaction with you or another responsible adult...
   a. 3 or more hours per day for children aged 13 or older? □ Yes □ No □ Refused
   b. 2 or more hours per day for children aged 12 or younger? □ Yes □ No □ Refused

41. IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:
   a. Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? □ Yes □ No □ N/A/Refused

Additional Referrals Questions:

1. Do you have registry restrictions on where you can reside (eg. Proximity to children, school, etc.)? □ Yes □ No □ Refused
2. Do you have any medical restrictions? □ Yes □ No □ Refused
3. Are you able to produce identification? □ Yes □ No □ Refused

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Phone: □ □ □ □ □ □ □ □ □ □

Safe to leave a message at this number? □ Yes □ No

Please add additional phone numbers, type, and whether or not it is safe to leave a message at the bottom of this assessment if used by the client.

Email Address (please write legibly):

May we contact you by email at this address? □ Yes □ No

Alternate Email Address (please write legibly):

May we contact you by email at this address? □ Yes □ No

Please add additional email addresses and whether or not it is safe to leave a message at the bottom of this assessment if used by the client.

Additional Comments/Contact Information (please print legibly):