



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:

<input type="checkbox"/>	CAC	<input type="checkbox"/>	VMC
<input type="checkbox"/>	Catholic Charities	<input type="checkbox"/>	VOA
<input type="checkbox"/>	Helen Ross McNabb	<input type="checkbox"/>	YWCA
<input type="checkbox"/>	Salvation Army		

2. Household Status:

<input type="checkbox"/>	Individual	<input type="checkbox"/>	Two Adults With Child(ren)
<input type="checkbox"/>	Multi-Adult Without Child(ren)	<input type="checkbox"/>	Unaccompanied Youth 24 or Younger
<input type="checkbox"/>	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?

<input type="checkbox"/>	0	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	1	<input type="checkbox"/>	Refused
<input type="checkbox"/>	2		

Children:

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

<input type="checkbox"/>	0	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	1	<input type="checkbox"/>	Refused
<input type="checkbox"/>	2		



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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?

<input type="checkbox"/>	0	<input type="checkbox"/>	3 or more
<input type="checkbox"/>	1	<input type="checkbox"/>	Refused
<input type="checkbox"/>	2		

3. IF HOUSHOLD 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)

A. History of Housing and Homelessness

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

<input type="checkbox"/>	Shelters	<input type="checkbox"/>	Outdoors
<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Other (specify) _____
<input type="checkbox"/>	Safe Haven	<input type="checkbox"/>	Refused

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

<input type="checkbox"/>	Currently in Stable Housing	<input type="checkbox"/>	One year or more
<input type="checkbox"/>	Less than 1 year	<input type="checkbox"/>	Refused

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



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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 themselves 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



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Phone:

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Type:

<input type="checkbox"/>	Cell Phone (Personal)	<input type="checkbox"/>	Landline (Work)
<input type="checkbox"/>	Cell Phone (Family/Friend)	<input type="checkbox"/>	Language Line (Interpreter)
<input type="checkbox"/>	Landline (Personal)	<input type="checkbox"/>	Message ONLY Phone
<input type="checkbox"/>	Landline (Family/Friend)	<input type="checkbox"/>	TTY/TDD (Hearing Impaired)

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):