



CHAMP: VI-SPDAT (Single Adult)

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 adults who are not caring for a child(ren) under the age of 18. If the adult is a part of a household, use this tool for 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) (Consider alternate assessment form)
<input type="checkbox"/>	Multi-Adult Without Child(ren)	<input type="checkbox"/>	Unaccompanied Youth 24 or Younger (Consider alternate assessment form)
<input type="checkbox"/>	Single Adult With Child(ren) (Consider alternate assessment form)		

A. History of Housing and Homelessness

1. Where do you 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

2. How long has it been since you 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

3. In the last three years, how many times have you been homeless?

_____ or Refused



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B. Risks

- 4. *In the past six months, how many times have you...*
 - 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 you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you 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
- 5. Have you been attacked or beaten up since you've become homeless? Yes No Refused
- 6. Have you threatened to or tried to harm yourself or anyone else in the last year? Yes No Refused
- 7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Yes No Refused
- 8. Does anybody force or trick you to do things that you do not want to do? Yes No Refused
- 9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Yes No Refused

C. Socialization & Daily Functioning

- 10. Is there a person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Yes No Refused
- 11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Yes No Refused



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12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
 Yes No Refused
13. Are you 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
14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?
 Yes No Refused

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?
 Yes No Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?
 Yes No Refused
17. 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?
 Yes No Refused
18. Do you 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
19. When you are sick or not feeling well, do you avoid getting help?
 Yes No Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?
 Yes No Refused
21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?
 Yes No Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?
 Yes No Refused
23. *Have you 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
 - b. A past head injury?
 Yes No Refused
 - c. A learning disability, developmental disability, or other impairment?
 Yes No Refused



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- 24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?
 Yes No Refused
- 25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?
 Yes No Refused
- 26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?
 Yes No Refused
- 27. YES OR NO: Has your 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 have experienced?
 Yes No 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

Contact Information:

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

Phone:

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Type:

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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.



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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):