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

2. Household Status:
   - ☐ Individual
   - ☐ Two Adults With Child(ren) (Consider alternate assessment form)
   - ☐ Multi-Adult Without Child(ren)
   - ☐ Unaccompanied Youth 24 or Younger (Consider alternate assessment form)
   - ☐ Single Adult With Child(ren) (Consider alternate assessment form)

A. History of Housing and Homelessness

1. Where do you sleep most frequently (check one)
   - ☐ Shelters
   - ☐ Outdoors
   - ☐ Transitional Housing
   - ☐ Other (specify)
     _______________________________
   - ☐ Safe Haven
   - ☐ Refused

2. How long has it been since you lived in permanent stable housing?
   - ☐ Currently in Stable Housing
   - ☐ One year or more
   - ☐ Less than 1 year
   - ☐ Refused

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

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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): 
