



## CHAMP: TAY-VI-SPDAT (Unaccompanied Youth)

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, unaccompanied youth under the age of 24.**

### 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)	

### 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
<input type="checkbox"/> Couch Surfing	

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



CHAMP: TAY-VI-SPDAT (Unaccompanied Youth)

**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, or juvenile detention, whether it 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. Were you ever incarcerated when you were younger than age 18?  
 Yes  No  Refused
9. Does anybody force or trick you to do things that you do not want to do?  
 Yes  No  Refused
10. Do you ever do things that may be considered to be risky, like exchange sex for money, food, drugs, or a place to stay, 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**

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



CHAMP: TAY-VI-SPDAT (Unaccompanied Youth)

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?  
 Yes  No  Refused
14. 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
15. *Is your current lack of stable housing...*
- a. Because you ran away from your family home, a group home or a foster home?  
 Yes  No  Refused
  - b. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?  
 Yes  No  Refused
  - c. Because your family or friends caused you to become homeless?  
 Yes  No  Refused
  - d. Because of conflicts around gender identity or sexual orientation?  
 Yes  No  Refused
  - e. Because of violence at home between family members?  
 Yes  No  Refused
  - f. Because of an unhealthy or abusive relationship, either at home or elsewhere?  
 Yes  No  Refused

**D. Wellness**

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?  
 Yes  No  Refused
17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?  
 Yes  No  Refused
18. 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
19. 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
20. When you are sick or not feeling well, do you avoid getting medical help?  
 Yes  No  Refused
21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?  
 Yes  No  Refused
22. 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



CHAMP: TAY-VI-SPDAT (Unaccompanied Youth)

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?  
 Yes  No  Refused
24. If you've ever tried marijuana, did you ever try it at age 12 or younger?  
 Yes  No  Refused
25. 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
26. 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
27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?  
 Yes  No  Refused
28. 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

**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:**     -     -

**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)



CHAMP: TAY-VI-SPDAT (Unaccompanied Youth)

Safe to leave a message at this number?  Yes  No

Phone: 

				-										
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--

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):**