



Housing Program SPDAT Screening Form

Allamakee Benton Black Hawk
 Bremer Buchanan Butler
 Chickasaw Clayton Delaware
 Dubuque Fayette Howard
 Jones Linn Winneshiek

DATE: _____

STAFF INITIALS: _____

NAME: _____ ADDRESS: _____ CITY, STATE, ZIP: _____ HOW LONG IN SERVICE AREA: _____ SAFE PHONE NUMBER: _____ EMAIL: _____ PREFERRED LANGUAGE: _____	DOB: ____/____/____ COUNTY: _____ GENDER: _____ ETHNICITY: _____ MARITAL STATUS: _____ VETERAN STATUS: _____ CONSENT TO PARTICIPATE? _____
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“To better help us determine which program is a better fit for your housing needs, I have several questions that I need to ask to get an idea of what your needs are. All of the questions are voluntary, so please answer as you feel comfortable.”

What has been going on with your housing situation that led you to contact us? _____

Where did you stay last night?

If getting evicted, when do you have to be out of your current residence and why do you need to leave?

(If caller does not meet the definitions of homelessness, do not move forward with this form. Refer them to appropriate resources to address need).

Are you currently in or have you recently left a domestic violent or abusive relationship? YES NO

Has leaving the relationship led to you currently being homeless? YES NO N/A

Are you or anyone in your home a registered sex offender in any state? YES NO
(If yes, please let caller know we are unable to assist them.)

Do you have children? Yes No	If so, do they currently live with you? Yes No
Child Name: _____	Age: _____ Gender: _____
Child Name: _____	Age: _____ Gender: _____
Child Name: _____	Age: _____ Gender: _____
Child Name: _____	Age: _____ Gender: _____
Child Name: _____	Age: _____ Gender: _____

Who should we call in case we can't get a hold of you? Can we leave a message with this person? Yes / No

History of Housing and Homelessness				
Questions			SPDAT Prescreen Score	Prescreen Instruction
What is the total length of time you have been homeless?		REFUSED/N/A		For the first 2 questions, if the person has experienced 2 or more cumulative years of homelessness, and/or 4+ episodes, then score 1.
In the past 3 years, how many times have you been homeless and then housed again?		REFUSED/N/A		
SPDAT PRESREEN TOTAL:				

Risks				
Questions			SPDAT Prescreen Score	Prescreen Instruction
In the past 6 months, how many times have you:				If the total number of interactions equals 4 or more across categories, then score 1.
<i>Been to the emergency room</i>		REFUSED		
<i>Interacted with police</i>		REFUSED		
<i>Taken an ambulance to the hospital</i>		REFUSED		
<i>Used a crisis service</i>		REFUSED		
<i>Been hospitalized</i>		REFUSED		
Have you:				If "YES" to either question, then score 1.
<i>Been the victim of a violent attack since you've become homeless?</i>	YES	NO		
<i>Threatened to or tried to harm yourself or anyone else in the last year?</i>	YES	NO	REFUSED	
Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES	NO	REFUSED	If "YES" then score 1.
Does anybody force or trick you to do things that you do not want to do?	YES	NO	REFUSED	If "YES" to either of the first two questions, or anyplace other than "Shelters" in the third question, score 1. Living in a doubled-up situation or getting evicted doesn't apply to this question. If that is the primary "residence", then circle "REFUSED/N/A".
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	
Where do you sleep most frequently? (check one) <input type="checkbox"/> Shelters <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Tent/Camper <input type="checkbox"/> Other (specify) _____	YES	NO	REFUSED/N/A	
SPDAT PRESREEN SCORE:				

Socialization and Daily Functioning

Questions				SPDAT Prescreen Score	Prescreen Instruction
Is there anybody that thinks you owe them money?	YES	NO	REFUSED		If "YES" to the first question, or "NO" to either of the next two questions, score 1.
Do you have a source of income either formally like a job or government benefit or informally like working under the table, binning or bottle collecting?	YES	NO	REFUSED		
Do you have enough money to cover all of your expenses each month?	YES	NO	REFUSED		
Do you have planned activities each day that bring you happiness and fulfillment?	YES	NO	REFUSED		If "NO" then score 1.
Do you have any friends, family or other people in your life out of convenience or necessity, but that you do not like their company?	YES	NO	REFUSED		If "YES" to either question, then score 1.
Does any of the friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to things that you don't really want to do?	YES	NO	REFUSED		
DO NOT ASK: Do you detect signs of poor hygiene or daily living skills?	YES	NO	N/A		If "YES" then score 1.
SPDAT PRESCREEN TOTAL:					

Wellness

Questions				SPDAT Prescreen Score	Prescreen Instruction
Where do you usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Does not go for care					If answers "Does not go for care" in the first question or "YES" to any of the other questions, then score 1.
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any chronic or serious health issues like diabetes, cancer, liver disease, cirrhosis, heart diseases, HIV/AIDS, emphysema, HepC, kidney disease, TB or anything like that?	YES	NO	REFUSED/N/A		
DO NOT ASK: Do you observe signs/symptoms of a serious health condition?	YES	NO	N/A		
Have you:					If "YES" to any, then score 1.
<i>Ever abused drugs/alcohol or told you do?</i>	YES	NO	REFUSED		
<i>Consumed alcohol and/or drugs every day for the past month?</i>	YES	NO	REFUSED		
<i>Ever used injection drugs or shots in the last 6 months?</i>	YES	NO	REFUSED		
<i>Ever been treated for drug or alcohol abused and returned to using?</i>	YES	NO	REFUSED		
<i>Used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or</i>	YES	NO	REFUSED		

<i>anything like that is the past 6 months?</i>					
<i>Blacked out because of your alcohol or drug use in the past month?</i>	YES	NO	REFUSED		
DO NOT ASK: Do you observe signs/symptoms of alcohol or drug abuse?	YES	NO	N/A		
Have you:					If "YES" to any, then score 1.
<i>Ever been taken to a hospital against your will for a mental health reason?</i>	YES	NO	REFUSED		
<i>Gone to the ER because you weren't feeling 100% well emotionally or because of your nerves?</i>	YES	NO	REFUSED		
<i>Spoken with a psychiatrist, psychologist, or other mental health professional in the last 6 months because of your mental health-whether that was voluntary or because someone insisted that you do so?</i>	YES	NO	REFUSED		
<i>Had a serious brain injury or head trauma?</i>	YES	NO	REFUSED		
<i>Ever been told you have a learning disability or developmental disability?</i>	YES	NO	REFUSED		
DO NOT ASK: Do you detect signs/symptoms of severe, persistent, mental illness?	YES	NO	N/A		
Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	YES	NO	REFUSED		If "YES" then score 1.
Yes or No-Have you experienced any emotional, physical, psychological, sexual, or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	YES	NO	REFUSED		If "YES" then score 1.
SPDAT PRESCREEN TOTAL:					

Any other relevant information (ability to work, income info, etc):

*Thank you for taking the time to answer my questions. That was very helpful. Based on your current situation, I would like to pass this information on to our housing team to determine your eligibility and placement for housing services with our agency. Is it ok if I pass on this form to the team and you will be contacted within a couple of business days to talk about your eligibility? **Yes No** (If no, explain that we cannot move forward without passing on this information).*

SCORING SUMMARY

DOMAIN	SUBTOTAL
History of Housing and Homelessness	
Risks	
Socialization and Daily Functions	
Wellness	
TOTAL	

If TOTAL= 10-14 then recommended for TH or PSH

If TOTAL = 5-9 and NOT fleeing DV then recommended for TH

If TOTAL = 5-9 and fleeing DV then recommended for Rapid Re-Housing or TH, depending on number of barriers

If TOTAL = 0-4 and fleeing DV, then recommended for Homeless Prevention through ESG

If TOTAL = 0-4 and NOT fleeing DV, then NOT recommended for Housing Support at this time