

Family Assessment Tool for Vulnerability

Clark County, WA CoC

GENERAL INFORMATION

Interviewer Name:	Location:
Date:	Time:
HEAD OF HOUSEHOLD 1	
Preferred Language:	Date of Birth:
First Name:	Last Name:
Preferred Name:	Social Security Number:
Age:	Pronouns:
HEAD OF HOUSEHOLD 2	
Preferred Language:	Date of Birth:
First Name:	Last Name:
Preferred Name:	Social Security Number:
Age:	Pronouns:
If either head of household is over the age of 60, score 1	
Does any adult identify as a person of color or as a part of the LGBTQ+ community?	
General Information Score	

Family Assessment Tool for Vulnerability

Clark County, WA CoC

CHILDREN			
How many children under the age of 18 will be living in your household?		Response	Declined
Last Name	First Name	Date of Birth	Age
If YES to any of the following three questions, SCORE 1.		Yes	No
Only ask the following question if there is at least 1 female head of household, and/or if there is at least one female child 13 years of age or older: Is any member of the family currently pregnant?			
IF NO, Single Parent Family: Are there are two or more children, or any child 11 years of age or younger?			
Two Parent Family: Are there three or more children, or any child under the age of 6?			
Family Size Score			

HISTORY OF HOUSING AND HOMELESSNESS

If at least one head of household AND at least one child has experienced 12 or more concurrent months of homelessness, and/or 4+ episodes of homelessness, then score 1	Response	Declined	Prescreen Score
1. What is the total length of time you and your family have been experiencing homelessness?			
2. In the past three years, how many times have you and your family been housed and then homeless again?			

Family Assessment Tool for Vulnerability

Clark County, WA CoC

If the respondent's answer is <i>anything other</i> than "shelter" in question 3, then score 1.	Response	Declined	Prescreen Score
3. Where do you and/or members of your family sleeping most nights?	Shelter Outside Vehicle Couching (DV only)		
HOUSING AND HOMELESSNESS SUBTOTAL			

RISKS

If the total number of interactions from questions 4-8 is equal to or greater than 4 then score 1.	Response		Declined	Prescreen Score
4. In the past 6 months how many times have you and/or members of your family been to the emergency room?				
5. In the past 6 months how many times have you and/or members of your family been taken to the hospital in an ambulance?				
6. In the past 6 months how many times have you and/or members of your family spent at least one night in a hospital for either physical or mental health reasons?				
7. In the past 6 months how many times have you and/or members of your family spoken to a police officer for any reason?				
8. In the past 6 months how many times have you and/or members of your family experienced a crises to the extent that you had to ask for help because a situation was more than you could handle?				
If YES to questions 9, 10, OR 11, then score 1.	Yes	No	Declined	Prescreen Score
9. Since becoming homeless: a) Have you and/or members of your family been in any fights? b) Has anyone tried to attack you and/or members of your family?				
10. In the past year have you and/or members of your family: a) Threatened to harm yourself? b) Threatened to harm others?				
11. Is domestic violence the reason you and/or members of your family are homeless?				
If YES to question 12, then score 1.	Yes	No	Declined	Prescreen Score
12. Do you and/or members of your family have any legal stuff going on right now that might result in: a) You being arrested? b) Fines? c) Tickets? d) A violation of the Department of Corrections?				

Family Assessment Tool for Vulnerability

Clark County, WA CoC

If YES to question 13 or 14, then score 1.	Yes	No	Declined	Prescreen Score
13. Does anyone ever try to manipulate, trick or force you and/or members of your family to do things you do not want to do?				
14. Do you and/or members of your family ever do anything you consider risky, impulsive, dangerous, or unsafe for your survival or to ensure your safety? For example (if needed) exchanging sex for money, running drugs, sharing needles etc...				
RISKS SUBTOTAL				

SOCIALIZATION AND DAILY FUNCTIONS

If YES to question 15 or NO to question 16 or 17, score 1.	Yes	No	Declined	Prescreen Score
15. Do you and/or members of your family have any debt or owe anyone any money?				
16. Do you and/or members of your family have any money coming in on a regular basis, from any source? For example (if needed) collecting bottles, sex work, odd jobs, etc...				
17. Do you and/or members of your family have enough money to meet all of your expenses this month?				
If NO to question 18, or 19 score 1.	Yes	No	Declined	Prescreen Score
18. Do you and/or members of your family have any activities you do during the day other than meeting your basic needs that brings you happiness? (If needed) For example, are you just focused on survival?				
19. Are you and/or members of your family able to meet your basic needs as often as you would like? For example: access to showers, laundry, clean water, or food?				
If YES to questions 20 or 21, score 1.	Yes	No	Declined	Prescreen Score
20. Do you and/or members of your family have any people in your life that you don't like but you keep them around because they help you meet your needs?				
21. Do you and/or members of your family have any people in your life that take advantage of you or get you to do things you do not want to do? For example (if needed) take your money, getting you in trouble, or borrowing things.				

Family Assessment Tool for Vulnerability

Clark County, WA CoC

OBSERVE ONLY. DO NOT ASK! If yes, score 1.	Yes	No	Prescreen Score
22. Interviewer, do you detect signs of poor hygiene or daily living skills of any family member?			
SOCIALIZATIONS AND DAILY FUNCTIONS SUBTOTAL			

WELLNESS

If NO to questions 23, 24 OR 25, score 1.	Yes	No	Declined	Prescreen Score
23. Do you and/or members of your family seek medical care if you need it?				
24. Do you and/or members of your family identify as deaf and/or hard of hearing?				
25. Do you and/or members of your family have any vision problems that you feel impacts your safety?				
For EACH YES response in questions 26 through 29 (Medical Conditions), score 1.				
Have you and/or members of your family <i>ever had</i> any of these medical conditions?	Yes	No	Declined	Medical Conditions
26. Kidney disease/End stage renal disease or dialysis				
27. History of frostbite, or Hypothermia				
28. Cirrhosis, or end-stage liver disease				
29. HIV/AIDS				
For each yes answer in questions 30 through 40, then mark "X" in Other Medical Conditions column.	Yes	No	Declined	Other Medical Conditions
30. History of Heat Stroke/Heat Exhaustion				
31. Heart disease, Arrhythmia, or irregular heartbeat				
32. History of seizures				
33. Stroke				
34. Emphysema/COPD				
35. Diabetes				
36. Asthma				
37. Cancer				

Family Assessment Tool for Vulnerability

Clark County, WA CoC

38. Hepatitis C					
39. Tuberculosis					
OBSERVATION ONLY – DO NOT ASK: 40. Interviewer, do you observe signs or symptoms of a serious medical condition for any member of the family?					
If any response is YES in questions 41 through 47, score 1 in the Substance Use column.	Yes	No	Declined	Substance Use	
41. Have you and/or members of your family consumed alcohol or drugs almost every day for the past month?					
42. Have you and/or members of your family <i>ever</i> had any issues with drugs or alcohol?					
43. Have you and/or members of your family used injection drugs in the last 6 months?					
44. Have you and/or members of your family ever tried to quit using drugs or alcohol and then relapsed?					
45. Has your drinking or drug use ever led to you being asked to leave a place you were staying in the past?					
46. Will drinking or drug use make it difficult for you to stay housed or afford your housing?					
OBSERVATION ONLY- DO NOT ASK: 47. Interviewer, do you observe signs or symptoms of problematic alcohol or drug use for any member of the family?					
If any response is YES in questions 48 through 55, score 1 in the Mental Health column.	Yes	No	Declined		Mental Health
48. Have you ever had trouble maintaining your housing or been asked to leave a place you were staying because of a mental health concern?					
49. Have you and/or members of your family ever been taken to the hospital against your will for a mental health reason? This could even be for something like Anxiety or Depression.					
50. Have you and/or members of your family ever sought emergency services because you weren't feeling well emotionally for anxiety, your nerves, panic, suicidal thoughts, or anything like that?					
51. In the past 6 months, have you and/or members of your family spoken to anyone regarding your mental health like a therapist, counselor, church leader, or anyone like that?					
52. Have you and/or members of your family ever had a serious brain injury or head trauma that was worse than a concussion?					

Family Assessment Tool for Vulnerability

Clark County, WA CoC

53. Have you and/or members of your family ever been told you have a learning disability or a developmental disability?				
54. Do you and/or members of your family have any problems concentrating or remembering things?				
OBSERVATION ONLY – DO NOT ASK: 55. Interviewer, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning for any member of the family?				
<i>If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Conditions score is at least 1 OR an X, then score 1 additional point for Tri-Morbidity.</i>				Tri-Morbidity
If YES to question 56, score 1.	Yes	No	Declined	Prescreen Score
56. Have you and/or members of your family ever been prescribed medication by a doctor that you should be taking, but for any reason you are not taking?				
If YES to question 57, score 1.	Yes	No	Declined	Prescreen Score
57. Have you and/or members of your family experienced any abuse or trauma (significant issues) that you feel contributes to your homelessness, or that you haven't sought help for?				
WELLNESS SUBTOTAL				

FAMILY UNIT

If "YES" to question 58, 59, or 60 score 1	Yes	No	Declined	Prescreen Score
58. Do any of your children spend 2 or more hours per day when you don't know where they are?				
59. Outside of age appropriate chores, are children doing tasks that adults would normally do? For example (if needed) grocery shopping, cooking, babysitting, getting other kids ready for bed etc.				
60. Are there any school aged children that are not enrolled in school or are missing more days than they are attending?				
If either 61 or 62 are 3 or more, score 1	Response		Declined	Prescreen Score
61. What are the total number of times parents or guardians have changed in the family over the past year?				
62. Right now or in the past six months have any of your children been separated from you to live with family or friends? If so, how many times?				

Family Assessment Tool for Vulnerability

Clark County, WA CoC

If YES to either question 63 or 64, score 1	Yes	No	Declined	Prescreen Score
63. Has there been any involvement with any member of your family and child protective services in the past 6 months – even if it was resolved?				
64. Have you had anything in family court over the past six months or anything currently being considered in family court? For example (if needed) custody issues, child support, protection orders etc.				
FAMILY UNIT SUBTOTAL				

SCORING SUMMARY

DOMAIN	SUBTOTAL	<p>If the screening total is equal to or greater than 13, the family is recommended for a Permanent Supported Housing Placement.</p> <p>If the screening total is 8-12, the family is recommended for a Rapid Rehousing Assessment.</p> <p>If the screening total is 0-7, the family is recommended to receive Diversion coaching.</p>
FAMILY SIZE INFORMATION		
HISTORY OF HOUSING AND HOMELESSNESS		
RISKS		
SOCIALIZATION AND DAILY FUNCTIONS		
WELLNESS		
FAMILY UNIT		
SCREENING TOTAL		