

Single Adult Assessment Tool for Vulnerability

Clark County, WA CoC

GENERAL INFORMATION/CONSENT

Interviewer Name:	
Date:	Time:
Client Name: First/Last:	Preferred Name:
Preferred Language:	Pronouns:
Social Security Number:	
Date of Birth:	Age:
If 60 years or older then score 1	Prescreen Score
Identifies as a Person of Color or as a member of the LGBTQ community?	
GENERAL INFORMATION SUBTOTAL	

HISTORY OF HOUSING AND HOMELESSNESS

If the person has experienced 1 or more cumulative years of homelessness, and/or 4+ episodes of homelessness then score 1	Response	Declined	Prescreen Total
1. What is the total length of time you have been experiencing homelessness?			
2. In the past 3 years, how many times have you been housed and then homeless again?			
Score 1 point <i>only if</i> respondents answer is "outside" or vehicle."	Response	Declined	
3. Where are you sleeping most nights?	Shelter Outside Vehicle Couching (DV Only)		
HISTORY OF HOUSING AND HOMELESSNESS SUBTOTAL			

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RISKS

“The next set of questions will be about your interactions with health and emergency services over the past 6 months”

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 been to the emergency room?				
5. In the past 6 months how many times have you been taken to the hospital in an ambulance?				
6. In the past 6 months how many times have you 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 spoken to a police officer for any reason?				
8. In the past 6 months how many times have you 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 been in any fights? b) Has anyone tried to attack you?				
10. In the past year have you: a) Threatened to harm yourself? b) Threatened to harm others?				
11. Is domestic violence the reason you are homeless?				
If YES to question 12, then score 1.	Yes	No	Declined	Prescreen Score
12. Do you have any legal stuff going on right now that might result in: a) You being arrested? b) Fines? c) Tickets? d) A violation of Department of Corrections?				
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 to do things you do not want to do?				
14. Do you ever do anything you consider risky, impulsive, dangerous, or unsafe for your survival or to ensure your safety? For example (if needed): exchange sex for money, run drugs, share needles...				
RISKS SUBTOTAL				

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SOCIALIZATION AND DAILY FUNCTIONS

If YES to question 16 or NO to question 17 or 18, score 1.	Yes	No	Declined	Prescreen Score
16. Do you have any debt or owe anyone any money?				
17. Do you have any money coming in on a regular basis, from any source? For example (if needed) bottle collecting, sex work, odd jobs, etc...				
18. Do you have enough money to meet all of your expenses this month?				
If NO to question 19, or 20 score 1.	Yes	No	Declined	Prescreen Score
19. Do you have activities you do during the day other than just meeting your basic needs that brings you happiness? (If needed) For example, are you just focused on survival?				
20. Are you 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 21 or 22, score 1.	Yes	No	Declined	Prescreen Score
21. Do you have any people in your life that you don't like but you keep them around because they help you meet your needs?				
22. Do you 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) taking your money, getting you in trouble, borrowing your things, etc...				
OBSERVATION ONLY. DO NOT ASK! 23. Interviewer, do you detect signs of poor hygiene or daily living skills?				
SOCIALIZATIONS AND DAILY FUNCTIONS SUBTOTAL				

WELLNESS

If NO to question 24 OR YES to 25 or 26, score 1.	Yes	No	Declined	Prescreen Score
24. Do you seek medical care if you need it?				
25. Do you identify as deaf and/or hard of hearing?				
26. Do you have any vision problems that you feel impacts your safety?				

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For EACH YES response in questions 27 through 30 (Medical Conditions), score 1.				
Have you <i>ever had</i> any of these medical conditions?	Yes	No	Declined	Medical Conditions
27. Kidney disease/End stage renal disease or dialysis				
28. History of frostbite, or Hypothermia				
29. Cirrhosis, or end-stage liver disease				
30. HIV/AIDS				
For each yes answer in questions 31 through 41, then mark "X" in Other Medical Conditions column.	Yes	No	Declined	Other Medical Conditions
31. History of Heat Stroke/Heat Exhaustion				
32. Heart disease, Arrhythmia, or irregular heartbeat				
33. History of seizures				
34. Stroke				
35. Emphysema/COPD				
36. Diabetes				
37. Asthma				
38. Cancer				
39. Hepatitis C				
40. Tuberculosis				
OBSERVATION ONLY – DO NOT ASK: 41. Interviewer, do you observe signs or symptoms of a serious medical condition?				
If any response is YES in questions 42 through 48, score 1 in the Substance Use column.	Yes	No	Declined	Substance Use
42. Have you consumed alcohol or drugs almost every day for the past month?				
43. Have you <i>ever</i> had any issues with drugs or alcohol?				
44. Have you used injection drugs in the last 6 months?				
45. Have you ever tried to quit using drugs or alcohol and then relapsed?				
46. Has your drinking or drug use ever led to you being asked to leave a place you were staying in the past?				
47. Will drinking or drug use make it difficult for you to stay housed or afford your housing?				

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OBSERVATION ONLY- DO NOT ASK: 48. Interviewer, do you observe signs or symptoms of problematic alcohol or drug use?				
If any response is YES in questions 49 through 56, score 1 in the Mental Health column.	Yes	No	Declined	Mental Health
49. Have you ever had trouble maintaining your housing or been asked to leave a place you were staying because of a mental health concern?				
50. Have you ever been taken to the hospital against your will for a mental health reason? This could even be for something like Anxiety or Depression.				
51. Have you ever sought emergency services because you weren't feeling well emotionally for anxiety, your nerves, panic, suicidal thoughts, or anything like that?				
52. In the past 6 months, have you spoken to anyone regarding your mental health like a therapist, counselor, church leader, or anyone like that?				
53. Have you ever had a serious brain injury or head trauma that was worse than a concussion?				
54. Have you ever been told you have a learning disability or a developmental disability?				
55. Do you have any problems concentrating or remembering things?				
OBSERVATION ONLY – DO NOT ASK: 56. Interviewer, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?				
<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 57, score 1.	Yes	No	Declined	Prescreen Score
57. Have you ever been prescribed medication by a doctor that you should be taking, but for any reason you are not taking?				
If YES to question 58, score 1.	Yes	No	Declined	Prescreen Score
58. Have you experienced any abuse or trauma (significant issues) that you feel contributes to your homelessness, or that you haven't sought help for?				
WELLNESS SUBTOTAL				

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SCORING SUMMARY		
DOMAIN	SUBTOTAL	
GENERAL INFORMATION		If the individual's assessment score is 7-11, they will be recommended for Rapid Rehousing or Transitional Housing (RRH/TH)
HISTORY OF HOUSING AND HOMELESSNESS		
RISKS		
SOCIALIZATION AND DAILY FUNCTIONS		If the individual's assessment score is 12 or higher, they will be recommended for Permanent Supported Housing (PSH)
WELLNESS		
ASSESSMENT SCORE TOTAL		