

Youth Assessment Tool for Vulnerability
Clark County, Washington CoC

GENERAL INFORMATION/CONSENT

Interviewer Name:	Agency:	
Date:	Time:	
Client Name: First/Last:	Preferred Name:	
Preferred Language:	Pronouns:	
Social Security Number:		
Date of Birth:	Age:	
		Prescreen Score
Identifies as a person of color or as a member of the LGBTQ community, then score 1.		
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. How long has it been since you lived in stable housing?			
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 4-9 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?				
9. In the past 6 months how many times have you stayed one or more nights in jail, or juvenile detention?				
If YES to questions 10, 11, OR 12, then score 1.	Yes	No	Declined	Prescreen Score
10. Since becoming homeless: a) Have you been in any fights? b) Has anyone tried to attack you?				
11. In the past year have you: a) Threatened to harm yourself? b) Threatened to harm others?				
12. Is domestic violence the reason you are homeless?				
If YES to question 13, then score 1.	Yes	No	Declined	Prescreen Score
13. 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?				

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If YES to question 14 or 15, then score 1.	Yes	No	Declined	Prescreen Score
14. Does anyone ever try to manipulate, trick, or force you to do things you do not want to do?				
15. 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				

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, 22, OR 23 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..				
OBSERVE ONLY. DO NOT ASK! If yes, score 1. 23. Interviewer, do you detect signs of poor hygiene or daily living skills?				

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If YES to Question 24, score 1	Yes	No	Declined	Prescreen Score
24. Is your current lack of stable housing: a) Because you ran away from a place you were staying? b) Because of a difference in cultural or religious beliefs from your parents, guardians, or caregivers? c) Because your family or friends caused you to become homeless? d) Because of conflicts around gender identity or sexual orientation?				
SOCIALIZATIONS AND DAILY FUNCTIONS SUBTOTAL				

WELLNESS

If NO to question 25 OR YES to 26 OR 27, score 1 for Medical Conditions.	Yes	No	Declined	Medical Conditions
25. Do you seek medical care if you need it?				
26. Do you identify as deaf and/or hard of hearing?				
27. Do you have any vision problems that you feel impacts your safety?				
For EACH YES response in questions 28 through 31 (Medical Conditions), score 1.				
Have you <i>ever had</i> any of these medical conditions?	Yes	No	Declined	Medical Conditions
28. Kidney disease/End stage renal disease or dialysis				
29. History of frostbite, or Hypothermia				
30. Cirrhosis, or end-stage liver disease				
31. HIV/AIDS				
If YES to 32 through 43, mark "X" for Other Medical Conditions.	Yes	No	Declined	Other Medical Conditions
32. History of Heat Stroke/Heat Exhaustion				
33. Heart disease, Arrhythmia, or irregular heartbeat				
34. History of seizures				
35. Stroke				

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36. Emphysema/COPD				
37. Diabetes				
38. Asthma				
39. Cancer				
40. Hepatitis C				
41. Tuberculosis				
42. Have you ever been pregnant, or does this question not apply to you?				
OBSERVATION ONLY – DO NOT ASK: 43. Interviewer, do you observe signs or symptoms of a serious medical condition?				
If YES to 44 through 51, score 1 for Substance Use.	Yes	No	Declined	Substance Use
44. Have you consumed alcohol or drugs almost every day for the past month?				
45. Have you ever had any issues with drugs or alcohol?				
46. Have you used injection drugs in the last 6 months?				
47. Have you ever tried to quit using drugs or alcohol, and then relapsed?				
48. Has your drinking or drug use ever led you to be asked to leave a place you were staying in the past?				
49. Will drinking or drug use make it difficult for you to stay housed or afford your housing?				
50. Did you ever try marijuana under the age of 12?				
OBSERVATION ONLY- DO NOT ASK: 51. Interviewer, do you observe signs or symptoms of problematic alcohol or drug use?				
If YES to 52 through 59, score 1 for Mental Health.	Yes	No	Declined	Mental Health
52. Have you ever had trouble maintaining your housing or been asked to leave a place you were staying because of a mental health concern?				
53. 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.				

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54. Have you ever sought emergency services because you weren't feeling well emotionally for anxiety, your nerves, panic, suicidal thoughts, or anything like that?				
55. In the past 6 months, have you spoken to anyone regarding your mental health like a therapist, counselor, church leader, or anyone like that?				
56. Have you ever had a serious brain injury or head trauma that was worse than a concussion?				
57. Have you ever been told you have a learning disability or a developmental disability?				
58. Do you have any problems concentrating or remembering things?				
OBSERVATION ONLY – DO NOT ASK: 59. 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 60, score 1.	Yes	No	Declined	Prescreen Total
60. Have you ever been prescribed medication by a doctor that you should be taking, but for any reason you are not taking?				
WELLNESS SUBTOTAL				
SCORING SUMMARY				
DOMAIN	SUBTOTAL	<p>If the individual's assessment score is 7-11, they will be recommended for Rapid Rehousing or Transitional Housing (RRH/TH)</p> <p>If the individual's assessment score is 12 or higher, they will be recommended for Permanent Supported Housing (PSH)</p>		
GENERAL INFORMATION				
HISTORY OF HOUSING AND HOMELESSNESS				
RISKS				
SOCIALIZATION AND DAILY FUNCTIONS				
WELLNESS				
ASSESSMENT SCORE TOTAL				