

SPDAT SCORING COMPENDIUM

Service Prioritization Decision Assistance Tool (SPDAT) for **Youth**

VERSION 2.0

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Name: _____ **Worker:** _____
Date: _____ **SPDAT #:** *(Initial, Move-In, 30-days, etc.)* _____

A. Mental Health & Wellness & Cognitive Functioning

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (declaration of such; or, two or more hospitalizations in a mental health facility or psychiatric ward of a hospital because of a diagnosable mental health condition that is likely serious and persistent) and not in a heightened state of recovery currently <input type="checkbox"/> Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability, or developmental disability
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Heightened concerns about state of mental wellness, but without two or more hospitalizations in a mental health facility/ward (or proof thereof), and/or without knowledge of the presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability (reduced achievement) to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability, or developmental disability
2	<p>While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, all of the following are true:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Age 17 or younger and would not otherwise score higher. <input type="checkbox"/> No major concerns about the safety or ability of the individual to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns to the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason to have the individual screened by an expert in mental health or cognitive functioning <u>prior</u> to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> The individual is in a heightened state of recovery, understands symptoms and strategies for coping with them, and is engaged with mental health supports as necessary.
0	<ul style="list-style-type: none"> <input type="checkbox"/> No mental health or cognitive functioning issues disclosed, suspected, or observed.

COMMENTS/NOTES/RATIONALE:



B. Physical Health & Wellness

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 and became pregnant or got someone pregnant in the last 365 days <input type="checkbox"/> Co-occurring chronic health conditions <input type="checkbox"/> Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health <input type="checkbox"/> Palliative health condition
3	<p>Presence of a health issue with any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Under 18 and became pregnant or got someone pregnant 366 or more days ago <input type="checkbox"/> Not connected with professional resources to assist with a serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently 18 or older, and became pregnant or got someone pregnant when under 18 <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and cared for with appropriate professional resources or through informed self-care, <input type="checkbox"/> Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	<ul style="list-style-type: none"> <input type="checkbox"/> Currently 18 or older, and currently pregnant or got someone pregnant in the last 365 days <p>AND/OR Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single chronic or serious health condition, but all of the following are true: <input type="checkbox"/> Able to manage the health issue and live a relatively active and healthy life <input type="checkbox"/> Connected to appropriate health supports <input type="checkbox"/> Educated and informed on how to manage the health issue and consistently follow these requirements.
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No serious or chronic health condition disclosed, observed, or suspected <input type="checkbox"/> If any minor health condition, they are managed appropriately

COMMENTS/NOTES/RATIONALE:

C. Medication

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is having any negative impact on daily living, socialization, or mood <input type="checkbox"/> Shares or sells prescription, but keeps less than is sold or shared <input type="checkbox"/> Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) <input type="checkbox"/> Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 30 days, started taking a prescription which is not having any negative impact on daily living, socialization, or mood <input type="checkbox"/> Shares or sells prescription, but keeps more than is sold or shared <input type="checkbox"/> Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) <input type="checkbox"/> Medications are stored and/or administered by a third-party
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week <input type="checkbox"/> Self-manages medication except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for 30 or fewer consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medication for more than 30, but less than 180, consecutive days
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> No medication prescribed to them <input type="checkbox"/> Successfully self-managing medication for 181+ consecutive days

COMMENTS/NOTES/RATIONALE:

D. Substance Use

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> First used marijuana under the age of 12 and continues to use any substance 4+ days per week <input type="checkbox"/> Would otherwise score a 3 but is under legal age <input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or, <p>In the past 30 days, any of the following are true...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance use is almost daily (21+ times) and often to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use 4+ times <input type="checkbox"/> Substance use resulting in involuntarily passing out 2+ times
3	<p>Any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> First used marijuana under the age of 12 and continues to use any substance 1-3 days per week <input type="checkbox"/> Would otherwise score a 2 but is under legal age <input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not in a life-threatening position as a result, or, <p>In the past 30 days, any of the following are true...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance use (drugs and/or alcohol) reached the point of complete inebriation 12-20 times <input type="checkbox"/> Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation <input type="checkbox"/> Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> First used marijuana under the age of 12, but has not used any substance in the past 30 days <input type="checkbox"/> Would otherwise score a 1 but is under legal age <p>In the past 30 days, any of the following are true...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance use reached the point of complete inebriation fewer than 12 times <input type="checkbox"/> Alcohol use exceeded the consumption thresholds fewer than 5 times
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no alcohol use beyond consumption thresholds, or, <input type="checkbox"/> If making claims to sobriety, no substance use in the past 30 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, no substance use

COMMENTS/NOTES/RATIONALE:



E. Experience of Abuse and/or Trauma

REMINDER:

- ➔ This section is entirely self-reported. The purpose of this component is not to uncover what the traumatic events were/are, and care must be exercised to avoid exploring the traumatization through questioning.
- ➔ If the individual says they have suffered no abuse, they get a “0”. Reports regarding this component may change over time and this will be captured during updates to the SPDAT.
- ➔ Look for the impact of abuse or trauma on housing stability

4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> A reported experience of abuse or trauma that is not believed to be a direct cause of homelessness, but the abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
2	<p>Any of the following:</p> <input type="checkbox"/> A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness <input type="checkbox"/> Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	<input type="checkbox"/> A reported experience of abuse or trauma, and considers self to be recovered
0	<input type="checkbox"/> No reported experience of abuse or trauma

COMMENTS/NOTES/RATIONALE:



F. Risk of Harm to Self or Others

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is currently in, or left an abusive or exploitative situation within the last 90 days <input type="checkbox"/> In the past 30 days, attempted, threatened, or actually harmed self or others <input type="checkbox"/> In the past 30 days, involved in a physical altercation (instigator or participant) <input type="checkbox"/> Sleeping outside and not prepared with supplies and knowledge
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 180 days, left an abusive or exploitative situation, but no exposure to abuse or exploitation in the past 90 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days <input type="checkbox"/> In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 181+ days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 181+ days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical altercations
1	<ul style="list-style-type: none"> <input type="checkbox"/> 366+ days ago, 1-3 involvements in physical altercations <input type="checkbox"/> Sleeping outside and is prepared
0	<ul style="list-style-type: none"> <input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

COMMENTS/NOTES/RATIONALE:



G. Involvement in Higher Risk and/or Exploitive Situations

4	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 10+ higher risk and/or exploitive events</p> <p><input type="checkbox"/> In the past 90 days, left an abusive situation</p>
3	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 4-9 higher risk and/or exploitive events</p> <p><input type="checkbox"/> In the past 180 days, left an abusive situation, but not in the past 90 days</p>
2	<p>Any of the following:</p> <p><input type="checkbox"/> In the past 180 days, engaged in 1-3 higher risk and/or exploitive events</p> <p><input type="checkbox"/> 181+ days ago, left an abusive situation and the past abuser is not deceased or incarcerated</p>
1	<p><input type="checkbox"/> Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago</p>
0	<p><input type="checkbox"/> In the past 365 days, no involvement in higher risk and/or exploitive events</p>

COMMENTS/NOTES/RATIONALE:

H. Interaction with Emergency Services

4	<input type="checkbox"/> In the past 180 days, cumulative total of 10+ interactions with emergency services
3	<input type="checkbox"/> In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	<input type="checkbox"/> In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	<input type="checkbox"/> Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	<input type="checkbox"/> In the past 365 days, no interaction with emergency services

COMMENTS/NOTES/RATIONALE:



I. Legal Involvement

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person has spent time in correctional facility/detention within the last 30 days <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration <input type="checkbox"/> Identified as a sexual predator or dangerous offender <input type="checkbox"/> If there are conditions of release that, if not met, will likely result in being incarcerated for a period greater than 90 days
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person has spent time in correctional facility/detention 31-90 days ago <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines less than \$500 <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held in remand/detention <input type="checkbox"/> If there are conditions of release that, if not met, will likely result in being incarcerated for a period of 90 days or less
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person has spent time in correctional facility/detention 91-180 days ago <input type="checkbox"/> In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) <input type="checkbox"/> Current outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service) or house arrest
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The young person has spent time in correctional facility/detention 181-365 days ago <input type="checkbox"/> There are no current legal issues, and any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	<ul style="list-style-type: none"> <input type="checkbox"/> No legal issues within the past 365 days, and currently no conditions of release

COMMENTS/NOTES/RATIONALE:



J. Managing Tenancy

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 90 days, ran away from foster home, group home, or parent’s home <input type="checkbox"/> Currently homeless <input type="checkbox"/> In the next 30 days, will be re-housed or return to homelessness <input type="checkbox"/> In the past 365 days, was re-housed 6+ times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters outside of regular housing supports
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, ran away from foster home, group home, or parents’ home, but not in the past 90 days <input type="checkbox"/> In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days <input type="checkbox"/> In the past 365 days, was re-housed 3-5 times <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters outside of regular housing supports <input type="checkbox"/> Requires a co-signer, guarantor, or any other type of second signature from a person 18 years of age or older or any agency acting on their behalf in order to sign a lease because of their age
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ran away from foster home, group home, or parent’s home, but not in the past 365 days <input type="checkbox"/> In the past 365 days, was re-housed 2 times <input type="checkbox"/> In the past 180 days, was re-housed 1+ times, but not in the past 60 days <input type="checkbox"/> Continuously housed for at least 90 days but not more than 180 days <input type="checkbox"/> In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters outside of regular housing supports
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, outside of regular housing supports, for at least 180 days but not more than 365 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Continuously housed, with no assistance on housing matters, outside of regular housing supports, for at least 366 days

COMMENTS/NOTES/RATIONALE:



K. Personal Administration & Money Management

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cannot create or follow a budget, regardless of supports provided <input type="checkbox"/> Does not comprehend financial obligations <input type="checkbox"/> Does not have an income (including formal and informal sources) <input type="checkbox"/> Cannot access government benefits because of young age <input type="checkbox"/> Substantial real or perceived debts with a payment required of at least \$1,000 per month, past due or requiring monthly payments <input type="checkbox"/> Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> Compulsive, chronic or chaotic gambling that makes it impossible to meet other financial obligations
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) <input type="checkbox"/> Can only access government benefits, due to age, with assistance from an individual 18 years of age or older, or an agency acting or advocating on their behalf <input type="checkbox"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use or gambling, if they are involved with either activity <input type="checkbox"/> Real or perceived debts of \$500-\$999 per month, past due or requiring monthly payments
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, source of income has changed 2+ times <input type="checkbox"/> Real or perceived debts of \$100 - \$499 per month <input type="checkbox"/> Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs <input type="checkbox"/> Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. voluntary guardian/trusteeship) <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

COMMENTS/NOTES/RATIONALE:

L. Social Relationships & Networks

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left home due to family violence or conflict over religious or moral differences, including sexual orientation within the past 90 days <input type="checkbox"/> In the past 90 days, left an exploitive, abusive, or dependent relationship <input type="checkbox"/> Friends, family, or other people are placing security of housing at imminent risk, or impacting life, wellness, or safety <input type="checkbox"/> No friends or family and demonstrates struggles to engage in socially appropriate ways in public/ social service settings (i.e. aggressive behavior, yelling, etc.) <input type="checkbox"/> Currently homeless or recently re/housed and would classify most of friends and family as homeless
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left home due to family violence or conflict over religious or moral differences, including sexual orientation 91-180 days ago <input type="checkbox"/> In the past 90-180 days, left an exploitive, abusive, or dependent relationship <input type="checkbox"/> Friends, family, or other people are having some negative consequences on wellness or housing stability <input type="checkbox"/> No friends or family but demonstrating an ability to engage in socially appropriate ways in public/ service settings <input type="checkbox"/> Meeting new people with an intention of forming friendships <input type="checkbox"/> Reconnecting with previous friends or family members, but having trouble advancing the relationship <input type="checkbox"/> Currently homeless or recently housed, and would classify some of friends and family as being housed, while others are homeless
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left home due to family violence or conflict over religious or moral differences, including sexual orientation 181-365 days ago <input type="checkbox"/> More than 180 days ago, left an exploitive, abusive, or dependent relationship and the abuser is not incarcerated or deceased <input type="checkbox"/> Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> Currently homeless or recently housed, and would classify friends and family as being housed
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Left home due to family violence or conflict over religious or moral differences, including sexual orientation 366+ days ago <input type="checkbox"/> Has been housed for less than 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	<ul style="list-style-type: none"> <input type="checkbox"/> Has been housed for at least 180 days, and is engaged with friends or family, who are having no negative consequences on the individual's housing stability

COMMENTS/NOTES/RATIONALE:



M. Self-Care & Daily Living Skills

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Unable and/or unaware of how to care for themselves, their apartment, or their surroundings <input type="checkbox"/> Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis <input type="checkbox"/> Engaged in hoarding or collecting behavior and is not aware that it is an issue in their life
3	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able and/or aware of some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period <input type="checkbox"/> Engaged in hoarding or collecting behavior and is aware that it is an issue in their life
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fully able and/or aware of all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis <input type="checkbox"/> In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	<ul style="list-style-type: none"> <input type="checkbox"/> In the past 365 days, accessed community resources 4 or fewer times, and is fully taking care of all their daily needs
0	<ul style="list-style-type: none"> <input type="checkbox"/> For the past 366 days, fully taking care of all their daily needs independently

COMMENTS/NOTES/RATIONALE:



N. Meaningful Daily Activity

4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a school-age youth, not enrolled in school <input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness
3	<p>Any of the following</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a school-age youth: Enrolled in school but attending class fewer than 3 days per week <input type="checkbox"/> Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a school-age youth: Enrolled in school and attending 3 days per week <input type="checkbox"/> Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, or the individual is not fully committed to continuing the activities
1	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a school-age youth: Enrolled in school and attending class 4 days per week <input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> If a school-age youth: Enrolled in school and maintaining regular attendance <input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

COMMENTS/NOTES/RATIONALE:



O. History of Housing & Homelessness

4	<p>Any of the following:</p> <p><input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness, OR</p> <p><input type="checkbox"/> Currently homeless and has neither had a lease in their name nor owned a house in their name</p>
3	<p>Any of the following:</p> <p><input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness, OR</p> <p><input type="checkbox"/> Currently housed after being homeless, never had a lease in their name nor owned a house in their name, and has been housed 180 days or less</p>
2	<p>Any of the following:</p> <p><input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness, OR</p> <p><input type="checkbox"/> Currently housed after being homeless, never had a lease in their name nor owned a house in their name, and has been housed 181 days or more</p>
1	<p>Any of the following:</p> <p><input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness, OR</p> <p><input type="checkbox"/> Currently housed after being homeless, previously had a lease in their name or owned a house in their name, and has been housed 180 days or less</p>
0	<p>Any of the following:</p> <p><input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness, OR</p> <p><input type="checkbox"/> Currently housed after being homeless, previously had a lease in their name or owned a house in their name, and has been housed 181 days or more</p>

COMMENTS/NOTES/RATIONALE:



COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL	0	

