

SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (SPDAT)

SINGLE ADULTS

VERSION 4.01

Client:	Worker:	Version:	Date:
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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		

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SINGLE ADULTS

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Client:	Worker:	Version:	Date:
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COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		Score: Recommendation: 0-19: No housing intervention 20-34: Rapid Re-Housing 35-60: Permanent Supportive Housing/Housing First

A. Mental Health & Wellness & Cognitive Functioning

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Have you ever received any help with your mental wellness? • Do you feel you are getting all the help you need for your mental health or stress? • Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that? • Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally? • Do you have trouble learning or paying attention? • Have you ever had testing done to identify learning disabilities? • Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? • Have you ever hurt your brain or head? • Do you have any documents or papers about your mental health or brain functioning? • Are there other professionals we could speak with that have knowledge of your mental health? 	NOTES <div></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) 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 health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition <input type="checkbox"/> Diminished ability to perform 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"/> No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning <input type="checkbox"/> No major concerns for the health and safety of others because of mental health or cognitive functioning ability <input type="checkbox"/> No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	<ul style="list-style-type: none"> <input type="checkbox"/> In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, 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.

B. Physical Health & Wellness

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How is your health? • Are you getting any help with your health? How often? • Do you feel you are getting all the care you need for your health? • Any illness like diabetes, HIV, Hep C or anything like that going on? • Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that? • When was the last time you saw a doctor? What was that for? • Do you have a clinic or doctor that you usually go to? • Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life? • Are there other professionals we could speak with that have knowledge of your health? • Do you have any documents or papers about your health or past stays in hospital because of your health? 	<h3>NOTES</h3> <div></div>

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <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"/> Not connected with professional resources to assist with a real or perceived serious health issue, by choice <input type="checkbox"/> Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) <input type="checkbox"/> Unable to follow the treatment plan as a direct result of homeless status
2	<ul style="list-style-type: none"> <input type="checkbox"/> Presence of a relatively minor physical health issue, which is managed and/or 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	<p>Single chronic or serious health condition, but all of the following are true:</p> <ul style="list-style-type: none"> <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, take medication as necessary related to the condition, and consistently follow these requirements.
0	<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

C. Medication

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Have you recently been prescribed any medications by a health care professional? • Do you take any medications prescribed to you by a doctor? • Have you ever sold some or all of your prescription? • Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take? • Were any of your medications changed in the last month? If yes: How did that make you feel? • Do other people ever steal your medications? • Do you ever share your medications with other people? • How do you store your medications and make sure you take the right medication at the right time each day? • What do you do if you realize you've forgotten to take your medications? • Do you have any papers or documents about the medications you take? 	<th>NOTES</th>	NOTES

SCORING	
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 day to day 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 day to day 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 distributed 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 medications except for requiring reminders or assistance for refills <input type="checkbox"/> Successfully self-managing medication for fewer than 30 consecutive days
1	<ul style="list-style-type: none"> <input type="checkbox"/> Successfully self-managing medications 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

D. Substance Use

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • When was the last time you had a drink or used drugs? • Is there anything we should keep in mind related to drugs or alcohol? • [If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week? • Ever have a doctor tell you that your health may be at risk because you drink or use drugs? • Have you engaged with anyone professionally related to your substance use that we could speak with? • Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs? • Have you ever used alcohol or other drugs in a way that may be considered less than safe? • Do you ever end up doing things you later regret after you have gotten really hammered? • Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that? 	NOTES <div></div>

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

SCORING	
4	<input type="checkbox"/> In a life-threatening health situation as a direct result of substance use, or , In the past 30 days, any of the following are true... <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 passing out 2+ times
3	<input type="checkbox"/> Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, or , In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug use reached the point of complete inebriation 12+ 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	In the past 30 days, any of the following are true... <ul style="list-style-type: none"> <input type="checkbox"/> Drug 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	<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	<input type="checkbox"/> In the past 365 days, no substance use

E. Experience of Abuse & Trauma

PROMPTS	CLIENT SCORE: <input type="text"/>	
<p>*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.</p> <ul style="list-style-type: none"> • “I don’t need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?” • “Are you currently or have you ever received professional assistance to address that abuse?” • “Does the experience of abuse or trauma impact your day to day living in any way?” • “Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?” • “Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?” • “Have you ever become homeless as a direct result of experiencing abuse or trauma?” 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	<input type="checkbox"/> The experience of abuse or trauma is not believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) is impacting daily functioning and/or ability to get out of homelessness
	Any of the following:
2	<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

F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time? • What was occurring when you had these feelings or took these actions? • Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often? • Have you recently left a situation you felt was abusive or unsafe? How long ago was that? • Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights? 	NOTES <div></div>

SCORING	
4	Any of the following: <input type="checkbox"/> In the past 90 days, left an abusive situation <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)
3	Any of the following: <input type="checkbox"/> In the past 180 days, left an abusive situation, but no exposure to abuse 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	Any of the following: <input type="checkbox"/> In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days <input type="checkbox"/> Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days <input type="checkbox"/> 366+ days ago, 4+ involvements in physical alterations
1	<input type="checkbox"/> 366+ days ago, 1-3 involvements in physical alterations
0	<input type="checkbox"/> Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • <i>[Observe, don't ask] Any abscesses or track marks from injection substance use?</i> • <i>Does anybody force or trick you to do something that you don't want to do?</i> • <i>Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?</i> • <i>Do you ever find yourself in situations that may be considered at a high risk for violence?</i> • <i>Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?</i> 	<th>NOTES</th>	NOTES

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

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How often do you go to emergency rooms? • How many times have you had the police speak to you over the past 180 days? • Have you used an ambulance or needed the fire department at any time in the past 180 days? • How many times have you called or visited a crisis team or a crisis counselor in the last 180 days? • How many times have you been admitted to hospital in the last 180 days? How long did you stay? 	<th>NOTES</th>	NOTES

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

SCORING	
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

I. Legal

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have any "legal stuff" going on? • Have you had a lawyer assigned to you by a court? • Do you have any upcoming court dates? Do you think there's a chance you will do time? • Any involvement with family court or child custody matters? • Any outstanding fines? • Have you paid any fines in the last 12 months for anything? • Have you done any community service in the last 12 months? • Is anybody expecting you to do community service for anything right now? • Did you have any legal stuff in the last year that got dismissed? • Is your housing at risk in any way right now because of legal issues? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> Current outstanding legal issue(s), likely to result in fines of \$500+ <input type="checkbox"/> Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	Any of the following: <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 on remand
2	Any of the following: <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"/> Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	<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	<input type="checkbox"/> No legal issues within the past 365 days, and currently no conditions of release

J. Managing Tenancy

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Are you currently homeless? • [If the person is housed] Do you have an eviction notice? • [If the person is housed] Do you think that your housing is at risk? • How is your relationship with your neighbors? • How do you normally get along with landlords? • How have you been doing with taking care of your place? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is not considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	Any of the following: <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
3	Any of the following: <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
2	Any of the following: <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
1	Any of the following: <input type="checkbox"/> In the past 365 days, was re-housed 1 time <input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	<input type="checkbox"/> Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • How are you with taking care of money? • How are you with paying bills on time and taking care of other financial stuff? • Do you have any street debts? • Do you have any drug or gambling debts? • Is there anybody that thinks you owe them money? • Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs? • Do you try to pay your rent before paying for anything else? • Are you behind in any payments like child support or student loans or anything like that? 	NOTES <div></div>

SCORING	
4	Any of the following: <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"/> Not aware of the full amount spent on substances, if they use substances <input type="checkbox"/> Substantial real or perceived debts of \$1,000+, past due or requiring monthly payments
3	Any of the following: <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"/> Only understands their financial obligations with the assistance of a 3rd party <input type="checkbox"/> Not budgeting for substance use, if they are a substance user <input type="checkbox"/> Real or perceived debts of \$999 or less, past due or requiring monthly payments
2	Any of the following: <input type="checkbox"/> In the past 365 days, source of income has changed 2+ times <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. guardian/trusteeship) <input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	<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	<input type="checkbox"/> Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • Tell me about your friends, family or other people in your life. • How often do you get together or chat? • When you go to doctor's appointments or meet with other professionals like that, what is that like? • Are there any people in your life that you feel are just using you? • Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that? • Have you ever had people crash at your place that you did not want staying there? • Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment? • Have you ever been concerned about not following your lease agreement because of your friends or family? 	<th>NOTES</th>	NOTES

SCORING	
4	<p>Any of the following:</p> <ul style="list-style-type: none"> <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 no ability to follow social norms <input type="checkbox"/> Currently homeless 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"/> 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 ability to follow social norms <input type="checkbox"/> Meeting new people with an intention of forming friendships <input type="checkbox"/> Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship <input type="checkbox"/> Currently homeless, 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"/> More than 180 days ago, left an exploitive, abusive or dependent relationship <input type="checkbox"/> Developing relationships with new people but not yet fully trusting them <input type="checkbox"/> Currently homeless, and would classify friends and family as being housed
1	<ul style="list-style-type: none"> <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

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE: <input type="text"/>
<ul style="list-style-type: none"> • Do you have any worries about taking care of yourself? • Do you have any concerns about cooking, cleaning, laundry or anything like that? • Do you ever need reminders to do things like shower or clean up? • Describe your last apartment. • Do you know how to shop for nutritious food on a budget? • Do you know how to make low cost meals that can result in leftovers to freeze or save for another day? • Do you tend to keep all of your clothes clean? • Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment? • When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty? 	NOTES <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

SCORING	
4	Any of the following: <input type="checkbox"/> No insight into 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 her/his life
3	Any of the following: <input type="checkbox"/> Has insight into 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 her/his life
2	Any of the following: <input type="checkbox"/> Fully aware and has insight in 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	<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	<input type="checkbox"/> For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How do you spend your day? • How do you spend your free time? • Does that make you feel happy/fulfilled? • How many days a week would you say you have things to do that make you feel happy/fulfilled? • How much time in a week would you say you are totally bored? • When you wake up in the morning, do you tend to have an idea of what you plan to do that day? • How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love? • Are there any things that get in the way of you doing the sorts of activities you would like to be doing? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> No planned, legal activities described as providing fulfillment or happiness
3	<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	<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	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	<input type="checkbox"/> Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

0. History of Homelessness & Housing

PROMPTS	CLIENT SCORE: <input type="text"/>	
<ul style="list-style-type: none"> • How long have you been homeless? • How many times have you been homeless in your life other than this most recent time? • Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address? • Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that? • Have you ever spent time sleeping in an abandoned building? • Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out? 	<th>NOTES</th>	NOTES

SCORING	
4	<input type="checkbox"/> Over the past 10 years, cumulative total of 5+ years of homelessness
3	<input type="checkbox"/> Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	<input type="checkbox"/> Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	<input type="checkbox"/> Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	<input type="checkbox"/> Over the past 4 years, cumulative total of 7 or fewer days of homelessness