

VI-SPDAT SUPPLEMENT

HOMELESS STATUS: (taken from VI-SPDAT screen):

1. What is your gender? ☐ Male ☐ Female ☐ Transgender ☐ Other
2. Head of Household age? ☐ Under 18 ☐ 18-24 ☐ 25-64 ☐ Other
3. Household type: ☐ Adult-family ☐ Adult-single ☐ Youth w/children ☐ Youth Single
4. How many persons in your HH? # of Adults: # of Minors Estimated # bedrooms needed:

ELIGIBILITY

5. Surveyor, does household qualify as **MN long-term homeless**? ☐ Yes ☐ No ☐ Unsure
 A. Been homeless for 1 year OR has had 4 episodes of homelessness in last 3 years totaling 12 months
 i. Couch hopping/doubling up qualifies as homeless
 ii. Periods of incarceration or institutionalized are excluded from time calculation
 iii. Can maintain long-term homeless status in transitional housing
 B. Does NOT need to have disabling condition
6. Surveyor, does household qualify as **HUD chronic homeless**? ☐ Yes ☐ No ☐ Unsure
 A. Been homeless for 1 year OR has had 4 episodes of homelessness in last 3 years totaling 12 months
 i. Couch hopping/doubling DOES NOT qualify as homeless
 ii. Periods of incarceration or institutionalized count as housed unless they are homeless upon entry and discharge AND they are incarcerated/institutionalized for less than 90 days
 iii. Can maintain long-term homeless status in ESG transitional housing if chronic upon entry
 B. MUST have disabling condition (diagnosable disorder related to mental health, substance abuse, developmental disability or physical illness)
7. Have you ever served in the US Military? ☐ Yes ☐ No ☐ Refused
- 7b. Have you ever served in the US Military? ☐ Honorable ☐ Other than honorable ☐ Bad Conduct Dishonorable ☐ Refused
8. Are you, or a member of your household enrolled member of a MN Tribe? ☐ No ☐ Yes, which tribe?
9. Do you have a disability that can be verified by a medical/mental health provider or Social Security Administration? (either mental or physical health) ☐ Yes ☐ No ☐ Refused
10. Do you have a permanent physical disability that limits your mobility? (wheelchair, amputation, unable to climb stairs) ☐ Yes ☐ No ☐ Refused
11. Did you leave your current living situation due to abuse or violence? ☐ Yes ☐ No ☐ Refused

CLIENT CHOICE

12. Where would you like to live? ☐ Stearns ☐ Wright ☐ Morrison ☐ Mille Lacs ☐ Isanti ☐ Benton
☐ Cass ☐ Todd ☐ Kanabec ☐ Pine ☐ Sherburne ☐ Crow Wing ☐ Chisago ☐ Other
13. If you are NOT currently living in that city/county, do you have any connections to the area?
☐ No ☐ Yes-employment ☐ Yes-Family ☐ Yes-Other _____
14. Do you have any special needs or desires that would impact where you live? (please describe)
☐ Access to transportation (health/services/employment) ☐ School enrollment ☐ Not willing to move to? _____
☐ Other?

CONTACT INFORMATION

Where can we contact you if housing is available? (i.e. primary and or secondary address, location)
 Primary:
 Secondary:

Time, number and email to best reach you: Phone #s Text? Y/N Y/N Emails:

Do you have a case work/manager/ARMHS worker? Name: Agency:

PROVIDER: Did you provide household with receipt? ☐ Yes ☐ No