



Balance of State Vulnerability Assessment Tool (BoS-VAT)

Interviewer Name:

Agency:

Date of Interview:

Opening Script/Intro

The purpose of this survey is to help us learn more about you in hopes of finding the best type of housing for your needs. We are going to take the information from this survey along with some other details and use it to add you to a community-wide list of people in need of housing. We use that list to prioritize people for available housing slots.

Your answers to these questions are only discussed with service agencies and will not affect any other benefit you have, such as public assistance or food stamps. All agencies have agreed to keep your information confidential.

If you are asked a question that you are not comfortable answering, let me know and we can move on to a different question. If you do not understand a question, please let me know so I can better explain. Try to answer the questions honestly and accurately so we can find services that you may qualify for.

Please provide us with updated contact information so we can locate you when housing is available. If you get a new phone number, you can always reach out to the person or agency that did your survey so we can update our records.

Consent to Participate: Yes No

Basic Information

Name:

Preferred Name:

In what language do you feel best able to express yourself?

Date of Birth: ___/___/___

Age: _____

Social Security Number: _____ - _____ - _____

Scoring

Housing Status:	/6
Basic Needs:	/3
Independence and Autonomy:	/3
Household Safety:	/3
Social Behaviors:	/3
Physical/Medical Health:	/3
Mental Health:	/3
Substance Use:	/3
Total Score:	/27

Please summarize comments here: