



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: _____ - _____ - _____

Housing Status

Location of Homelessness

Where do you usually sleep? (where they most often sleep within the past week, month)

| | | | | | |
|---------------|---------------------|--|----------------|---|------------------------------------|
| Own Apartment | With Family/Friends | Shelter or Hotel/Motel paid for by DSS | Warming Center | Abandoned/Condemned Building, Vehicle, Camper | Outdoors (tent, bench, encampment) |
| 0 | 0.5 | 1 | 1.5 | 2 | 3 |

Length of Time Homeless

How long have you been homeless?

| | | |
|--|--|--|
| Newly Homeless or At-Risk of Homelessness | Moderate History of Homelessness | Chronically Homeless |
| Has been homeless less than 1 month or new to the area OR At imminent risk of homelessness | Has been homeless for 1 month to 12 months | Has been homeless for 1 year or longer, or has had at least 4 episodes of homelessness within the last 3 years |
| 0.5 | 1 | 2 |

Have you or anyone else in your household ever been permanently housed and lost housing?

| | |
|----|-----|
| No | Yes |
| 0 | 1 |

Comments related to housing status:

Basic Needs

How do you and those in your household currently take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

[Based on response to questions above and assessment, is participant able to meet basic needs, such as obtain food and maintain hygiene?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|---|--|---|---|
| Able to use services to get food; takes care of hygiene | Some trouble staying on top of basic needs, but usually can do for self; hygiene/ clothing is usually clean/good | Generally poor hygiene, but able to meet needs with assistance; some openness to discussing needs | Unable to access food on own; very poor hygiene, e.g., clothes soiled, dirty; resistant to offers of help; no insight re: needs |
| 0 | 1 | 2 | 3 |

Comments related to basic needs:

Independence and Autonomy

Have you or anyone else in your household been a victim of or witnessed a crime that continues to impact your daily life?

Does anybody force or trick you to do things that you do not want to do?

Do your friends typically ask you or anyone in your household for money or to share your benefits (such as Food Stamps or Social Security)?

Do you run out of money by the end of the month? Have you been unable to cover household expenses due to sharing/lending money to other people?

Do you have trouble saying no to people who ask you for favors? Are you able to establish boundaries?

Do you have a Rep Payee?

Have you or anyone else in your household been assaulted or experienced violence since your housing has become unstable?

Do you or anyone else in your household ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

[Based on responses to questions above and assessment, is participant vulnerable to being exploited and aware of safe behaviors?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|---|--|--|---|
| Independent and autonomous; knows how to get around; knows how to stay safe; knows how to advocate for self | Reports some independence and autonomy; is occasionally taken advantage of; needs some help recognizing unsafe behaviors | Is frequently in dangerous situations; communicates fears about people or situations; reports being taken advantage of | Vulnerable to exploitation; is victimized regularly; no insight regarding dangerous behavior or personal safety |
| 0 | 1 | 2 | 3 |

Comments related to independence and autonomy:

Household Safety

Are you currently residing with, or trying to leave, someone you live with who threatens you or makes you fearful?

[Based on responses to questions above and assessment, is participant in an unsafe and/or unstable housing environment?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|---|--|--|---|
| Environment is apparently safe and stable | Environment appears safe; however, future is uncertain; safety planning is important | Safety is threatened/temporary protection is available; ongoing safety planning is essential | Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement |
| 0 | 1 | 2 | 3 |

Comments related to household safety:

Social Behaviors

How do you interact with others when you are stressed?

How do you and your household stay organized for appointments?

How do you communicate your needs with others?

[Based on responses to questions above and assessment, is participant able to act appropriately in social situations?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|---|--|---|---|
| More than adequately advocates for own needs; has strong ability to communicate clearly with others; able to keep track of appointments | Some difficulty in staying organized; can tolerate input and respond with minimal problems; may need repeated approaches about same issue; occasionally reacts inappropriately when stressed | Has some difficulty coping with stress; some disorganized thoughts; poor attention span; withdrawn but will interact with others when approached; sometimes has angry outbursts when in contact with others | Has difficulty engaging and communicating with others; has minimal insight regarding behavior and consequences; often responds in angry or aggressive manner; may come across as intimidating; has impaired ability to deal with stress |
| 0 | 1 | 2 | 3 |

Comments related to social behaviors:

Physical/Medical Health

When you or a household member is sick or not feeling well, how do you seek medical assistance?

Do you or any members of your household have any chronic health issues, such as with your liver, kidneys, stomach, lungs, or heart?

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently, such as a first-floor apartment or accessible bathrooms?

Have you and your household ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

Are you currently taking medications? If so, do you take them as prescribed?

[Based on responses to questions above and assessment, does the participant have physical limitations or medical conditions that impact their ability to function?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|---|---|---|--|
| Seeks medical help when needed; no major medical or chronic health conditions | Has a medical or physical health issue that is managed (e.g., diabetes, high blood pressure); takes medication as prescribed and attends appointments | Has a medical or physical health issue that is not being managed (e.g., diabetes, high blood pressure); medication not taken as directed; does not seek help from providers | Disabling physical illness; refusal to get treatment |
| 0 | 1 | 2 | 3 |

Comments related to physical/medical health:

Mental Health

Do you have any mental health concerns that would make it hard for you to live independently?

Have you experienced a traumatic brain injury (TBI) that would make it hard for you to live independently?

Are you on any medication for your mental health? Do you find it hard to take meds as prescribed?

Have you ever been asked to leave an apartment, shelter, or hotel where you were staying in the past?

[Based on responses to questions above and assessment, does the participant appear to have issues related to mental health?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|----------------------------------|---|---|---|
| No apparent mental health issues | Reports having mental health issues; reports having service provider in place; taking medications as prescribed | Reports not taking medications as prescribed; not engaged in recommended mental health services | No connection to needed services; reports/exhibits symptoms that impair functioning (e.g., talking to self, depressed); no insight regarding mental illness |
| 0 | 1 | 2 | 3 |

Comments related to mental health:

Substance Use

Have you ever attended alcohol or drug treatment?

Has your drinking or drug use impacted your daily life? If so, how?

Has your drinking or drug use impacted your ability to reach your goals?

Has your drinking or drug use led you to being asked to leave an apartment, shelter or hotel where you were staying in the past?

[Based on responses to questions above and assessment, does the participant have issues related to substance use?]

| No Vulnerability | Low Vulnerability | Moderate Vulnerability | Severe Vulnerability |
|--|--|---|---|
| No substance use or strictly social use; no impact on level of functioning | Occasional use of substances; still able to meet basic needs | Substance use affecting ability to meet basic needs; has some support; has trouble making progress in goals | No engagement with needed services/ support; apparent deterioration in functioning; inability to meet basic needs |
| 0 | 1 | 2 | 3 |

Comments related to substance use:

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: