CNY-Vulnerability Index

**Interviewer’s Name Agency \_\_Team \_\_Staff \_\_Volunteer**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Survey Date Survey Time Survey Location**

**DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_ \_\_ \_\_: \_\_ \_\_ AM/ PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Opening Script

Every assessor in your community regardless of organization completing the VI should use the same introductory script. In that script you should highlight the following information:

• the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)

• the purpose of the assessment being completed

• that it usually takes less than 7 minutes to complete

• that only “Yes,” “No,” or one-word answers are being sought

• that any question can be skipped or refused

• where the information is going to be stored

• that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided

• the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Scoring system:

* 9 points for all applicants
* 3 additional possible points for youth and families
* 10 possible points for length of time homelessness in last 3 years (recorded in HMIS) :
	+ 0-6 months : 0 points
	+ 6-12 months: 3 points
	+ 12-18 months: 5 points
	+ 18+ months: 10 points

|  |  |
| --- | --- |
|  | Possible points |
| VI score | 9 |
| Family supplement | 3 |
| TAY supplement | 3 |
| COVID supplement | 3 |
| Time Homeless (HMIS) | 10 |
|  | 25 points |

Basic Information

**First Name Nickname Last Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Date of Birth Age Social Security Number Consent to Participate**

DD/MM/YYYY \_\_\_/\_\_\_/\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Yes \_\_\_No

**To which county are you interested in moving?** *Choose all that apply.*

\_\_\_ Onondaga \_\_\_ Cayuga \_\_\_ Oswego

**Program type desired?** *see handout for details*:

\_\_\_ Permanent Supportive Housing \_\_\_ CoC Rapid Rehousing

\_\_\_ ESG Rapid rehousing \_\_\_ Transitional Housing

**Do you have a disability that you’ve seen a doctor about recently or in the past?** \_\_\_\_ Yes \_\_\_\_No

**What size of unit is required for your household?**

\_\_\_Studio/1br \_\_\_ 2 bedroom \_\_\_ 3 bedrooms or more

*HUD habitability standards are 2 people per bedroom*

**Is client at higher risk of COVID-19 due to any of the following conditions?: \_\_Y \_\_N \_\_Refused**

-Chronic Kidney Disease

-COPD

-Immunocompromised
-Obesity

-Serious Heart Conditions

-Sickle Cell Disease

-Type 2 Diabetes

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Vulnerability Index** |  |  |  |
| # |  | Answer | Score |  |
| V1 | How long has it been since you lived in permanent stable housing? | \_\_ Less than 1 year\_\_ More than 1 year | \_\_ / 1 | If person has experienced 1 or more consecutive years of homelessness or 4+ episodes of homelessness, score 1 |
| V2 | In the last three years, how many times have you been homeless? | \_\_\_ Less than 4 times\_\_\_ 4 or More Times |
| V3 | Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma that you have experienced? | \_\_Y \_\_N\_\_Refused | \_\_ / 1 | If yes, score 1 |
| V4 | Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? | \_\_**Y \_\_**N\_\_Refused | \_\_ / 1 | IF “YES” TO QUESTION 10 OR “NO” TO QUESTION 11, THEN SCORE 1 |
| V5 | Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anythinglike that?  | \_\_Y **\_\_N** \_\_Refused |
| V6 | Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to be evicted? | \_\_**Y \_\_**N\_\_Refused | \_\_ / 1 | If yes, score 1 |
| V7 | Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? | \_\_**Y** \_\_N \_\_Refused | \_\_ / 1 | If yes, score 1 |
| V8 | Are there any medications that a doctor said that you should be taking that, for whatever reason, you are not taking? | \_\_**Y** \_\_N \_\_Refused | \_\_ / 1 | If yes to either, score 1 |
| V9 | Are there any medications like painkillers that you don’t take the way the doctor prescribed or where you sell the medication? | \_\_**Y** \_\_N \_\_Refused |
| V10 | Does anybody force or trick you to do things that you do not want to do?  | \_\_**Y** \_\_N Refused | \_\_ / 1 | If yes, score 1 |
| V11 | Do you 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? | \_\_**Y** \_\_N \_\_Refused | \_\_ / 1 | If yes, score 1 |
|  | Code Blue points (added automatically): If a person is staying outside between November 1st and April 1st, they will receive 1 point.  |  | \_\_/1 |  |
|  | Number of months homeless and not counted in HMIS | \_\_1 \_\_2 \_\_3 |  |  |
|  |  | Total  | \_\_/9 |  |

**Transition-age Youth Supplement:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Answer the following questions for unaccompanied youth between the ages of 18 and 25.**  | **Answer** | **Score** |  |
| Y1 | Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? | \_\_Y**\_\_N** \_\_Refused | **\_\_\_ / 1** | If no, score 1 |
| Y2 | Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? | **\_\_Y** \_\_N \_\_Refused  | **\_\_/1** | **If Y to any in Y2 – Y7, score 1** |
| Y3 | Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? | **\_\_Y** \_\_N \_\_Refused |
| Y4 | Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? | **\_\_Y** \_\_N \_\_Refused |
| Y5 | When you are sick or not feeling well, do you avoid getting medical help | **\_\_Y** \_\_N \_\_Refused |
| Y6 | Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant? | **\_\_Y** \_\_N \_\_N/A\_\_Refused |
| Y7 | Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? | \_\_Y **\_\_N** \_\_Refused | **\_\_/1** | **If no, score 1** |
|  |  | **Total** | **\_\_/3** |  |

**Family Supplement:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Answer the following questions for heads of household of families with children under 18** | **Answer** | **Score** |  |
| **F1** | Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? | **\_\_**Y **\_\_N \_\_**Refused | **\_\_/1** | **Score 1 if F1 is Yes** |
| **F2** | Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? | **\_\_Y** \_\_N \_\_Refused | **\_\_/1** | **Score 1 if any in F2-F4 are Yes** |
| **F3** | Have you had struggles maintaining consistent supervision for your children after school, on weekends, or days when there isn’t school? | **\_\_Y** \_\_N \_\_Refused |
| F4 | IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? | **\_\_Y** \_\_N \_\_Refused |
| **F5** | In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? | **\_\_Y** \_\_N \_\_Refused | **\_\_/1** | **Score one if any in F5-F7 are Y** |
| **F6** | Has any child in the family experienced abuse or trauma in the last 180 days? | **\_\_Y** \_\_N \_\_Refused |
| **F7** | IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week? | **\_\_Y** \_\_N \_\_Refused |
|  |  | **Total** | **\_\_/3** |  |