

Marin Assessment for Vulnerability – Single Adults (MAV-SA)

Administration

Interviewer's Name	Agency	
Survey Date DD/MM/YYYY ____/____/____	Survey Time	Survey Location

Introduction

This assessment asks some very personal questions, and some may be difficult to respond to. The goal of this assessment is to help you. However you answer, you won't be judged. The more you're willing to share with me, the more we can support you. I also want to reassure you that any information you share will only be visible to other service providers you are working with, and isn't shared with parole officers or law enforcement. If things do come up in the course of this assessment that cause you distress, please let me know and we can pause for a few moments and when we are finished, I will try to connect you to some potential resources.

Coordinated Entry is the entry point for referrals to Marin services and subsidized or other housing pathways. It is not a "waitlist", but a program run by County Health and Human Services. It aims to understand individuals' and families' unique situations and guide them to the most effective program to exit homelessness, gain and retain stability, and access other supportive services within the county of Marin. This program isn't perfect, but is an attempt to make a process more equitable compared to a "first come, first served" model.

This program works with governments, service agencies, and other community partners to work collaboratively to best provide services to you. I would encourage you to keep accessing services and checking in with staff to see what you can do to help your progress.

Basic Information

First Name	Nickname	Last Name
Social Security Number		Signed Release of Information
____ - ____ - ____		<input type="checkbox"/> Yes <input type="checkbox"/> No
In what language do you feel best able to express yourself? _____		
Date of Birth	Gender (Select all that apply)	Race/Ethnicity (Select all that apply)
DD/MM/YYYY ____/____/____	<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous
Age: _____	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Asian or Asian American
Veteran	<input type="checkbox"/> Culturally Specific Identity	<input type="checkbox"/> Black, African American, or African
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Transgender	<input type="checkbox"/> Hispanic/Latina/e/o
	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Middle Eastern or North African
	<input type="checkbox"/> Questioning	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> Different Identity	<input type="checkbox"/> White
	<input type="checkbox"/> Data Not Collected	<input type="checkbox"/> Data Not Collected

IF THE PERSON IS 62 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing

1. Where do you sleep most often? [check all that apply]

(Q1 is Unscored)

- ☐ On the Street, in a car, or in a tent/campsite
- ☐ RV/boat/other accommodation without access to running water/electricity
- ☐ Non-residential structure (abandoned building/parking garage/storage unit/shed)
- ☐ In a Shelter/Transitional housing
- ☐ Hotel paid by someone else
- ☐ Refused

2. When did your last stable housing end (long-term, safe, and reliable)?

[DATE] ____/____/____ ☐ Refused

3. How many years in your entire life have you been without housing?

- ☐ More than 1 year: ____ year(s)
- ☐ Less than 1 year
- ☐ Refused

IF CLIENT'S LAST STABLE HOUSING DATE WAS 1+ YEARS AGO (Q2) **OR**
ENTIRE LIFE HOMELESS IS MORE THAN 1 YEAR (Q3), THEN SCORE 1

SCORE:

4. In the past 6 months, have you exited an institution such as a mental health or substance use facility, jail, or a long-term care facility?

☐ Yes ☐ No ☐ Refused

IF YES (Q4), THEN SCORE 1

SCORE:

5. (a) Did your last stable housing end because of discrimination (age, race, gender, family composition, sexual orientation, disability etc.)?

☐ Yes ☐ No ☐ Refused

5. (b) Did your last stable housing end because of community violence or other safety concerns?

☐ Yes ☐ No ☐ Refused

5. (c) If no to 5a AND 5b, why did you leave? *(Unscored)*

IF YES (Q5a) **OR** YES (Q5b), THEN SCORE 1

SCORE:

B. Financial

6. (a) Are you currently working? ☐ Yes ☐ No ☐ Refused

6. (b) If yes, are there any safety, discrimination, or exploitation issues with your work (such as job failing to pay, unsafe working conditions, coercion, sex work, working for cash, job incorrectly classifying you as a contractor, etc.)?

(If No to 6a, leave below blank)

☐ Yes ☐ No ☐ Refused

7. (a) Do you have a permanent disability that prevents you from working?

☐ Yes ☐ No ☐ Refused

7. (b) If no, do lack of reading, language, or computer skills, or work experience in the past decade make it hard for you to have a job or accomplish day-to-day tasks?

(If Yes to 7a, leave below blank)

☐ Yes ☐ No ☐ Refused

IF YES (Q6b) **OR** YES (Q7a) **OR** Yes (Q7b), THEN SCORE 1

SCORE:

8. What is your approximate monthly income?

\$ _____

9. Are you currently on CalFresh or Medi-Cal?

☐ Yes ☐ No ☐ Refused

10. Does all or most of your income come from a fixed source (General Relief, SSI, social security, pension)?

☐ Yes ☐ No ☐ Refused

IF "\$0.00" (Q8) **OR** NO (Q9) **OR** Yes (Q10), THEN SCORE 1

SCORE:

11. Do you have:

- ☐ bankruptcy within the last 7 years
- ☐ debt that has gone to collections
- ☐ unpaid utilities
- ☐ very low credit or no credit score at all
- ☐ other financial issues on your record (besides your income and assets) that would make it harder to access housing
- ☐ None
- ☐ Refused

IF ANY ANSWER OTHER THAN "NONE" OR "REFUSED" (Q11), THEN SCORE 1

SCORE:

C. General Health

The next few questions are about your health generally, and can include physical health, dental health, substance use, or mental health.

12. Are there any medications that a medical provider said you should be taking that, for whatever reason, you are not taking (for example, issues with pharmacy, can't afford medication, lost or stolen, issues with clinic/medical office/insurance)? ☐ Yes ☐ No ☐ Refused

IF YES (Q12), THEN SCORE 1

SCORE:

13. Has your health made it more difficult for you to get or maintain a job, or housing/shelter or caused you to lose a relationship? ☐ Yes ☐ No ☐ Refused
14. Can you take care of your daily needs without help, like getting in and out of a chair, feeding yourself, using the toilet, dressing yourself, or other things like that? ☐ Yes ☐ No ☐ Refused

IF YES (Q13) **OR** NO (Q14), THEN SCORE 1

SCORE:

15. Have you ever left the hospital, mental health treatment, or substance use treatment against medical advice or without completing the program? ☐ Yes ☐ No ☐ Refused

IF YES (Q15), THEN SCORE 1

SCORE:

D. Physical Health

16. How would you rate your general physical health? [check 1]
- ☐ 1: Critical - You're experiencing severe medical issues, and immediate attention is needed.
- ☐ 2: Poor - You're under physical distress and struggling with underlying conditions, and your health is at risk if left unmanaged.
- ☐ 3: Fair - You're generally healthy but may have some persistent issues that require monitoring.
- ☐ 4: Good - You're healthy overall but may have some minor concerns or want to improve specific aspects of your well-being
- ☐ 5: Excellent - You're thriving, with no significant health concerns and a strong overall well-being
- ☐ Refused

IF "1: CRITICAL" **OR** "2: POOR: (Q16), THEN SCORE 1

SCORE:

17. Do you have a chronic health condition/illness, including issues with your teeth, or physical disability (diabetes, heart disease, liver disease, chronic pain, blindness, mobility impairment, etc.)?

☐ Yes ☐ No ☐ Refused

IF YES (Q17), THEN SCORE 1

SCORE:

18. When you aren't feeling well, do you seek help (for example, going to the doctor or calling a help line)?

☐ Yes ☐ No ☐ Refused

IF NO (Q18), THEN SCORE 1

SCORE:

E. Mental Health

19. How would you rate your general mental health? [check 1]

☐ 1: Critical - You're experiencing severe mental health issues, and immediate attention is needed.

☐ 2: Poor - You're under mental distress and struggling with underlying conditions, and your health is at risk if left unmanaged.

☐ 3: Fair - You're generally healthy but may have some persistent issues that require monitoring.

☐ 4: Good - You're healthy overall but may have some minor concerns or want to improve specific aspects of your well-being

☐ 5: Excellent - You're thriving, with no significant health concerns and a strong overall well-being

☐ Refused

IF "1: CRITICAL" **OR** "2: POOR: (Q19), THEN SCORE 1

SCORE:

20. Have you ever been held involuntarily (in mental health treatment, the Crisis Stabilization Unit, jail, etc.) because of your mental health?

☐ Yes ☐ No ☐ Refused

IF YES (Q20), THEN SCORE 1

SCORE:

21. When you're angry or frustrated, do you ever do or say things you regret or that have negative consequences?

☐ Yes ☐ No ☐ Refused

22. Have you ever attempted to end your own life?

☐ Yes ☐ No ☐ Refused

IF YES (Q21) **OR** YES (Q22), THEN SCORE 1

SCORE:

F. Substance Use

23. Have you or someone you were drinking/using with ever needed medical attention as a result of drug, medication, or alcohol use (for example, EMS, Narcan, emergency room visit)?

☐ Yes ☐ No ☐ Refused

IF YES (Q23), THEN SCORE 1

SCORE:

24. In the past 6 months, did you ever drink or use in a way that worried you?

☐ Yes ☐ No ☐ Refused

IF YES (Q24), THEN SCORE 1

SCORE:

G. Law Enforcement / Criminal Justice History

25. How many nights total (not necessarily at the same time) have you spent in jail or prison in the past 2 years? [check 1]

☐ None
☐ Less than 1 month
☐ 1-3 months
☐ 3-6 months
☐ 6-12 months
☐ 1-2 years
☐ Refused

IF 1 MONTH OR MORE (Q25), THEN SCORE 1

SCORE:

26. In the past 6 months, have you experienced forceful, intimidating, or disrespectful treatment by the police?

☐ Yes ☐ No ☐ Refused

27. Do you have any legal stuff that might make it harder to get housing or a job, such as open warrants, unpaid fines, immigration status, prior evictions, or anything like that? [check all that apply]

☐ Yes, current legal stuff (e.g. open warrants, on parole/probation, unpaid fines, immigration status)
☐ Yes, previous legal stuff (e.g. prior convictions or evictions)
☐ No
☐ Refused

IF YES (Q26) **OR** YES (Q27), THEN SCORE 1

SCORE:

H. Social

28. Was your homelessness caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced, including incarceration or foster care?

☐ Yes ☐ No ☐ Refused

IF YES (Q28), THEN SCORE 1

SCORE:

29. Do you feel like you have meaningful & supportive relationships with friends or family you connect with regularly?

☐ Yes ☐ No ☐ Refused

IF NO (Q29), THEN SCORE 1

SCORE:

I. Connections to Resources

30. Is the place you usually sleep somewhere emergency services would have difficulty reaching you? [check all that apply]

☐ Somewhere far from a road/over rocky or forested terrain
☐ A place without cell phone reception
☐ No other person nearby in emergencies
☐ Other: _____
☐ I do not sleep in such a place
☐ Refused

IF ANY ANSWER OTHER THAN "I DO NOT SLEEP IN SUCH A PLACE" / "REFUSED" (Q30), THEN SCORE 1

SCORE:

31. Do you have difficulty completing important documents and processes online/on a computer due to lack of access or technical ability, for example filling out a job application or rental form, or making a medical appointment?

☐ Yes ☐ No ☐ Refused

32. Are you able to read, understand, and complete important documents without language assistance, for example a rental application or a medical form, including complicated documents?

☐ Yes ☐ No ☐ Refused

IF YES (Q31) **OR** NO (Q32), THEN SCORE 1

SCORE:

33. Are you able to easily meet your basic needs like access to food, working bathroom, showers, etc.? [check 1]
- ☐ No
☐ Yes, but only because I'm in shelter/transitional housing
☐ Yes, on my own
☐ Refused
34. Do you regularly use public or free services, such as medical, food, benefits assistance, etc.?
- ☐ Yes ☐ No ☐ Refused
35. Do you have a phone or email that you can easily and reliably use? [check all that apply]
- ☐ Personal Phone: _____
☐ Personal Email: _____
☐ Secondary Contact: _____
☐ None or phone/email is not reliable

IF ANYTHING EXCEPT "YES, ON MY OWN" / "REFUSED" (Q33) **OR** NO (Q34), **OR** "NONE" (Q35), THEN SCORE 1

SCORE:

Scoring Summary

Category	SUBTOTAL
PRE-ASSESSMENT (AGE)	___ / 1
A. HISTORY OF HOMELESSNESS	___ / 3
B. FINANCIAL	___ / 3
C. GENERAL HEALTH	___ / 3
D. PHYSICAL HEALTH	___ / 3
E. MENTAL HEALTH	___ / 3
F. SUBSTANCE USE	___ / 2
G. LAW ENFORCEMENT / CRIMINAL JUSTICE	___ / 2
H. SOCIAL	___ / 2
I. CONNECTIONS TO RESOURCES	___ / 3
GRAND TOTAL:	___ / 25

EXIT

On a typical day, where can someone find you? _____

Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?

☐ Yes ☐ No

- Do you have any questions? [answer any immediate questions or ones that came up during the assessment]
- I recognize that some of these questions can be triggering or difficult to answer. [Surveyor: Please provide a list of other resources and/or let the client know what services you may be able to offer them.]