



VULNERABILITY ASSESSMENT TOOL

Client Name _____ Staff Name _____

Survival Skills

Vulnerability, safety, dependency on others, ability to maneuver independently in safe manner, judgment

No evidence of vulnerability	Evidence of mild vulnerability	Evidence of moderate vulnerability	Evidence of high vulnerability	Evidence of severe vulnerability
Strong survival skills; capable of networking and self advocacy; knows where to go and how to get there; needs no prompting regarding safe behavior	Has some survival skills; is occasionally taken advantage of (e.g. friends only present on paydays); needs some assistance in recognizing unsafe behaviors and willing to talk about them.	Is frequently in dangerous situations; dependent on detrimental social network; communicates some fears about people or situations; reports being taken advantage of (e.g. gave \$ to someone for an errand and person never returned or short changed)	Is a loner and lacks “street smarts”; possessions often stolen, may be “befriended” by predators; lacks social protection; presents w/ fearful, childlike or helpless demeanor; has marked difficulty understanding unsafe behaviors	Easily draws predators; vulnerable to exploitation; has been victimized regularly (e.g. physical assault, robbed); prefers street to shelter; no insight regarding dangerous behavior (e.g. solicitation of sex/drugs) clear disregard for personal safety (e.g. walks into traffic)
0	1	2	3	4

Comments or observations about survival skills: _____

Basic Needs

Ability to obtain / maintain food, clothing, hygiene, etc.

No Trouble Meeting Needs	Mild Difficulty Meeting Needs	Moderate Difficulty Meeting Needs	High Difficulty Meeting Needs	Severe Difficulty Meeting Needs
Generally able to use services to get food, clothing, takes care of hygiene, etc.	Some trouble staying on top of basic needs, but usually can do for self, e.g. hygiene/ clothing are usually clear/good	Occasional attention to hygiene; has some openness to discussing issues; generally poor hygiene, but able to meet needs with assistance, e.g. prompting, I&R	Doesn't wash regularly; uninterested in I&R or help, but will access services in emergent situations; low insight re: needs	Unable to access food on own; very poor hygiene / clothing, e.g. clothes very soiled, body very dirty, goes thru garbage & eats rotten food; resistant to offers of help on things; no insight
0	1	2	3	4

Comments or observations about basic needs: _____

**For more information about this tool, or about DESC programs,
 please contact our Director of Administrative Services at 206-515-1514.**

Client Name _____

Staff Name _____

Physical / Medical

Physical limitations or medical conditions that impact person's ability to function

No impairment	Temporary impairment	Significant medical or physical issue, or Chronic medical condition that is being managed	Chronic medical condition that is not well-managed or physical impairment	Totally neglectful of physical health, extremely impaired by condition
	Cast x 4 weeks; recovering from surgery	Sight or hearing-impaired; Cerebral Palsy; smaller or larger stature/size making person vulnerable; seizure disorder	e.g. symptomatic & disabling physical illness	e.g. open wound, appears sickly, refusal to get treatment, missing limb
0	1	2	3	4

Comments or observations about physical/medical health: _____

Organization / Orientation

Thinking, Developmental Disability, memory, awareness, cognitive abilities—how these present and affect functioning

No impairment	Mild impairment	Moderate impairment	High impairment	Severe impairment
Good attention span; adequate self care; able to keep track of appointments	Occasional difficulty in staying organized; may require minimal prompting re: appointments; possible evidence of mild developmental disability; dementia or other organic brain disorder; some mild memory problems	Appearance is sometimes disorganized; has a significant amount of belongings making mobility challenging; occasional confusion w/ regard to orientation; moderate memory or dev. disability problems	Disorganized or disoriented; poor awareness of surroundings; memory impaired making simple follow-through difficult	Highly confused; disorientation in reference to time, place or person; evidence of serious developmental disability, dementia or other organic brain disorder; too many belongings to manage; memory fully or almost or absent / impaired
0	1	2	3	4

Comments or observations about organization / orientation: _____

Mental Health

Issues related to mental health status, MH services, spectrum of MH symptoms & how these impair functioning

No MH issues	Mild MH issues	Moderate MH issues	High MH issues	Severe MH needs
	Reports feeling down about situation, circumstances	Reports having MH issues, but does not talk about them or reports having service connection already in place, may be taking prescribed medications	Tenuous service engagement, possibly not taking medications that are needed for MH, not interested in services due to mental illness / low insight	No connection to services (but needed clearly), extreme symptoms that impair functioning (e.g. talking to self, distracted, severe delusions/paranoia, fearful/phobic, extreme depressed or manic mood), no insight re: Mental Illness
0	1	2	3	4

Comments or observations about mental health: _____

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Staff Name _____

Substance Use

Issues related to substance use, services, spectrum of substance use & how use impairs functioning

No or Non-Problematic Substance Use	Mild Substance Use	Moderate Substance Use	High Substance Use	Severe Substance Use
No substance use or strictly social – having no negative impact on level of functioning.	Sporadic use of substances not obviously affecting level of functioning, is aware of Sub Use, still able to meet basic needs most of the time	Sub Use affecting ability to follow through on basic needs, has some support available for substance use issues but may not be actively involved, some trouble making progress in goals, e.g. could be a binge user	Sub Use obviously impacting ability to gain/maintain functioning in many areas, e.g. clear difficulty following through with appointments, self-care, interactions with others, basic needs (food, hygiene), not interested in support for substance use issues but this may be due to low insight or other reasons, e.g. mental illness	Obvious deterioration in functioning, e.g. MH, due to Sub Use, severe symptoms of both Sub Use & Mental Illness, low or no insight into Sub Use issues, clear cognitive damage due to substances, no engagement with substance use support services (and clearly needed)
0	1	2	3	4

Comments or observations about substance use OR observed suspected signs of using drugs/alcohol: _____

Communication

Ability to communicate with others, when asked questions, initiating conversations

No communication barrier	Mild communication barrier	Moderate communication barrier	High level communication barrier	Severe communication barrier
Has strong and organized abilities; no language barriers; able to communicate clearly with staff about needs	Has occasional trouble communicating needs; language barrier may be an issue; occasionally reacts inappropriately when stressed	Some disorganized thoughts; poor attention span; withdrawn but will interact with staff/service providers when approached; pressured speech; very limited English	Physical impairment making communication very difficult (e.g. hearing impaired & unable to use ASL); unwilling/unable to communicate w/ staff (e.g. shy, poor or no eye contact); doesn't speak English at all	Significant difficulty communicating with others (e.g. mute, fragmented speech) draws attention to self (e.g. angry talk to self/others) refuses to talk to staff when approached; may leave to avoid talking to provider
0	1	2	3	4

Comments or observations about communication: _____

Client Name _____

Staff Name _____

Social Behaviors

Ability to tolerate people & conversations, ability to advocate for self, cooperation, etc.

Predatory behaviors, and / or no problems advocating for self	Mildly problematic social behaviors	Moderately problematic social behaviors	Highly problematic social behaviors	Severely problematic social behaviors
Has a hx of predatory behavior; is observed to be targeting vulnerable clients to “befriend”; uses intimidation to get needs met (e.g. threatening and menacing to staff/clients); more than adequately advocates for own needs, if not overly so	Mostly “gets along” in general; if staff need to approach person, s/he can tolerate input & respond with minimal problems; may need repeated approaches about same issue even though it seems s/he “gets it”	Has some difficulty coping with stress; sometimes has angry outbursts when in contact with staff/others; some non-cooperation problems at times	Often has difficulty engaging positively with others; withdrawn and isolated; has minimal insight regarding behavior and consequences; has few social contacts; negative behavior often interferes with others in surrounding; often yells, screams or talks to self	Responds in angry, profane, obscene or menacing verbal ways; may come across as intimidating and off-putting to providers; may provoke verbal and physical attacks from other clients; has significantly impaired ability to deal with stress; has no apparent social network
0	1	2	3	4

Comments or observations about social behaviors: _____

Homelessness

Length of Time Homeless

Newly homeless	Moderate hx of homelessness	Chronically homeless
Has been homeless less than 1 month; new to the area (e.g. moved here looking for work or only here for the season)	Has been homeless for 1-12 months; few prospects for housing at present	Has been homeless for 1 year + or has had at least 4 episodes of homelessness within the last 3 years; may have no options for housing due to history, ability to participate in process, etc.
0	1	2

Comments or observations about homelessness: _____

