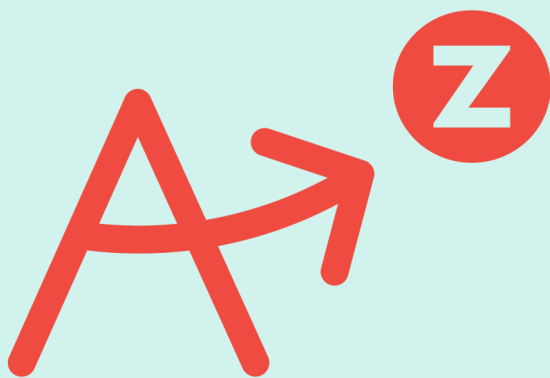


The following is available for reference only. Surveys should be localised to each community. For more information, contact the Australian Alliance to End Homelessness ([info@aaeh.org.au](mailto:info@aaeh.org.au)).

# Australian Homelessness Vulnerability Triage Tool (AHVTT)

## Youth

*Version 1.3*



**advance to zero**

**local communities  
ending homelessness**

The Australian Homelessness Vulnerability Triage Tool (AHVTT) was developed through a process of feedback and consultation that took place both through survey form, in person discussion and virtual discussions.

The AHVTT should be used in the context of Advance to Zero (AtoZ), a national initiative of the Australian Alliance to End Homelessness (AAEH) that supports local collaborative efforts to end homelessness. To learn more, visit: [aaeh.org.au/atoz](http://aaeh.org.au/atoz)

Front line services, First Nations representatives and people with lived experience provided crucial feedback to ensure that this tool will be a good representation of a person's presenting experience of homelessness and their immediate needs.

The tool, based on people's disclosed information, assists in prioritising the most vulnerable and to rapidly resolve crises. This tool is further used to provide appropriate housing, healthcare and community services to individuals and families according to their current circumstances.

Organisations also use the collective, de-identified data to advocate for the change and resources needed to end homelessness in our communities, based on the needs of the people who experience homelessness and housing stress in the community.

The AHVTT was developed by the Australian Alliance to End Homelessness (AAEH) and partners. The AAEH would particularly like to thank OrgCode Consulting and Micah Projects for their support in its development.

## Explanation of the AHVTT and consent

My name is \_\_\_\_\_ and I work for \_\_\_\_\_.

I have with me here a survey for people experiencing homelessness called the Australian Homelessness Vulnerability Triage Tool, which you may hear referred to as the AHVTT. It asks questions about your experience of homelessness, risk factors that may impact your life, your day to day life, and your health and wellness. This information is important to help us identify key health, wellness and housing options that will suit your needs.

The survey should take about 15 minutes or so. Throughout the survey you can:

- Stop at any time you choose
- Skip or decline to answer any question you do not want to answer
- Take a break and come back to the survey another time
- Change your answers at anytime throughout the survey or after
- Ask for some help with understanding what the question is.

The information collected will be stored within a secure database to which only approved service providers and their staff will have access. I ask you to be as honest as possible as your circumstances are very important to us and we want to make sure that the housing outcomes and support you receive are the most suitable for you.

### Consent

- |   |   |                              |                             |
|---|---|------------------------------|-----------------------------|
| 1 | Are you currently safe?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 | Do you consent to answer some questions to help us understand your service and housing needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Participant name**

**Participant signature**

**Date**

DD / MM / YYYY

**Surveyor name**

**Surveyor signature**

**Date**

DD / MM / YYYY

**Surveyor organisation**

**Surveyor team name (if different to org name)**

**State where survey is being completed**

## A. Pre-survey questions

Firstly, we will just get some basic details about yourself, the type of stuff you'd put down on regular government paperwork.

Questions	Option set													
3 What is your first name?														
4 What is your last name?														
5 Do you have a preferred name or any other names you go by? I.e. nickname, street name or maiden name	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip													
6 If yes: what are those other names?														
7 What gender do you identify as?	<table border="0"> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Non-binary</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Gender diverse</td> </tr> <tr> <td><input type="checkbox"/> Transgender male</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Transgender female</td> <td><input type="checkbox"/> Skip</td> </tr> <tr> <td><input type="checkbox"/> Brotherboy</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Sistergirl</td> <td></td> </tr> </table>		<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse	<input type="checkbox"/> Transgender male	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Transgender female	<input type="checkbox"/> Skip	<input type="checkbox"/> Brotherboy		<input type="checkbox"/> Sistergirl	
<input type="checkbox"/> Male	<input type="checkbox"/> Non-binary													
<input type="checkbox"/> Female	<input type="checkbox"/> Gender diverse													
<input type="checkbox"/> Transgender male	<input type="checkbox"/> Other: _____													
<input type="checkbox"/> Transgender female	<input type="checkbox"/> Skip													
<input type="checkbox"/> Brotherboy														
<input type="checkbox"/> Sistergirl														
8 What are your pronouns?	<table border="0"> <tr> <td><input type="checkbox"/> he/him</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> she/her</td> <td><input type="checkbox"/> Don't know</td> </tr> <tr> <td><input type="checkbox"/> they/them</td> <td><input type="checkbox"/> Skip</td> </tr> <tr> <td><input type="checkbox"/> xie/hir</td> <td></td> </tr> </table>		<input type="checkbox"/> he/him	<input type="checkbox"/> Other: _____	<input type="checkbox"/> she/her	<input type="checkbox"/> Don't know	<input type="checkbox"/> they/them	<input type="checkbox"/> Skip	<input type="checkbox"/> xie/hir					
<input type="checkbox"/> he/him	<input type="checkbox"/> Other: _____													
<input type="checkbox"/> she/her	<input type="checkbox"/> Don't know													
<input type="checkbox"/> they/them	<input type="checkbox"/> Skip													
<input type="checkbox"/> xie/hir														
9 What is your date of birth?	DD / MM / YYYY	10 Age in years												
<i>If aged 20 to 24, score 1</i> <i>If aged 18 to 19, score 2</i> <i>If aged 17 or younger, score 3</i>		___/3												
11 What is your Centrelink Reference Number?														
12 Are you a current or former Australian Defence Force (ADF) member? <b>(If under 17, skip)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip													
13 On a typical day, where is the easiest place to find you?														
14 Is there a phone number for a person or a service provider where I can safely get a hold of you or leave you a message?														
15 Is there any email address where I can safely send you a message?														

**Aboriginal and Torres Strait Islander question**

**16** Do you identify as Aboriginal, Torres Strait Islander or both?

- Yes
- No

- I don't know
- Skip

**If answered yes, score 2:** \_\_\_/2

**Add scores for Q10 and Q16 for total score for pre-survey:** \_\_\_/5

REFERENCE ONLY

## B. History of housing and homelessness

These questions ask about your previous tenancies, starting with where you've last had a permanent place to live.

Questions	Option set	Score
<b>17</b> When was the last time you had a permanent place to live?	_____ years _____ months <input type="checkbox"/> Skip	___/3  <i>If under 6 months, score 1            If 6 months or more and less than 1 year,            score 2            If 12 months or more, score 3</i>
<b>18</b> Including this time, how many times have you experienced homelessness in the last year?	_____ times <input type="checkbox"/> Skip	If 3 or more times, score 1  ___/1
<b>19</b> Are you currently sleeping rough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1  ___/1
<b>20</b> If yes, how long have you been sleeping rough?	_____ years _____ months <input type="checkbox"/> Skip <input type="checkbox"/> Not applicable	
<b>21</b> Have you ever lived in a foster home or any type of group home?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1  ___/1
<b>22</b> Have you ever owned a house in your name or had a tenancy in your name?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1  ___/1
<b>23</b> Do you feel you have ever been discriminated against when trying to access housing or any other social program because of your age, gender, race, abilities, appearance or sexual orientation, or any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1  ___/1
<b>24</b> Have you ever lost your housing because family or friends caused you to get evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1  ___/1
<b>25</b> Would you say that your current homelessness was caused by any of the following:		If yes to any of 25a to 25d, score 1
<b>a</b> You had to/chose to leave the family home, group home, out of home care placement or foster home.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	___/1

**b** There was violence at the home between family members.

- Yes
- No
- Skip

**c** There were differences in religious beliefs between you and your parents/guardians/caregivers.

- Yes
- No
- Skip

**d** There were conflicts about gender identity or sexual orientation.

- Yes
- No
- Skip

**Add scores from Q17 to Q25 for total score for 'History of housing and homelessness':** \_\_\_\_/10

REFERENCE ONLY

## C. Social and daily needs

These next few questions will cover whether you are able to get the needed health and hygiene services and income available to you.

Questions	Option set	Score
<b>26</b> Do you have access to food and water when you are hungry or thirsty?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>27</b> Do you have access to a toilet when you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>28</b> Do you have access to laundry or replacement clothes when you need them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>29</b> Do you have access to a shower when you need it?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>30</b> Other than money for housing, do you have enough money every fortnight to take care of your day to day needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>31</b> Is there someone else like a relative or Public Trustee that administers or manages your finances?	<input type="checkbox"/> Public Trustee <input type="checkbox"/> Carer <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____	<input type="checkbox"/> Not applicable <input type="checkbox"/> Skip If selected Public Trustee, carer, relative or other, score 1 ___/1
<b>32</b> Do you ever struggle to afford essentials because of gambling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1 ___/1
<b>33</b> Are there any people that you can rely upon and care about you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If no, score 1 ___/1
<b>Add scores from Q26 to Q33 for total score for 'Social and daily needs':</b>		<b>___/8</b>



## D. Risks and safety

With these next questions, I will ask you about your interactions with emergency services like hospitals or police and explore a little bit about what your safety needs are.

Questions	Option set	Score
34 Do you feel safe where you sleep?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If no, score 3</i> ___/3
35 Have you taken an ambulance to the hospital 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
36 Have you been to the hospital emergency department 5 or more times in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
37 Have you been admitted to the hospital for any reason in the last year for 5 or more nights?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
38 Have you had 5 or more interactions with police in the last year, for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
39 Have you spent 5 or more nights locked up in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
40 Do you have any legal stuff going on right now that may result in you having to pay fines you cannot afford, or which may result in being locked up?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
41 Is there anyone or any company or any bank or any part of the government that thinks you owe them money?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
42 Have you experienced violence in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
43 Have you thought about or tried hurting someone else or yourself in the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
44 Does anybody make you do things you do not want to do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 2</i> ___/2
<b>Add scores from Q34 to Q44 for total score for 'Risks and safety':</b>		<b>___/14</b>

## E. Health and wellbeing

Finally, these last set of questions will be about your physical, and mental health and any substance use history that we need to keep in mind when matching you to the right housing outcome.

Questions	Option set	Score
45 When you are sick or not feeling well, do you seek medical help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If no, score 1</i> ___/1
46 Have you ever been denied medical help while experiencing homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 1</i> ___/1
47 Do you have any ongoing serious health issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 2</i> ___/2
48 If yes, do you mind sharing with me what the serious health issues are?	<input type="checkbox"/> Brain injury <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart disease <input type="checkbox"/> Immunodeficiency diseases <input type="checkbox"/> Liver disease <input type="checkbox"/> Morbid obesity <input type="checkbox"/> Neurological diseases <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Other (please state): _____	
49 Do you regularly use any substances, such as drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 2</i> ___/2
50 If yes, do you mind sharing what you are using?	<input type="checkbox"/> Bath salts <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Cannabis <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack cocaine <input type="checkbox"/> DMT (Dimethyltryptamine) <input type="checkbox"/> Ecstasy (MDMA, molly) <input type="checkbox"/> Fentanyl <input type="checkbox"/> Heroin <input type="checkbox"/> Ketamine <input type="checkbox"/> LSD <input type="checkbox"/> Magic mushrooms <input type="checkbox"/> Methamphetamine (crank, glass, ice, speed) <input type="checkbox"/> Non-palatable alcohol (e.g. rubbing alcohol, cough syrup, mouthwash) <input type="checkbox"/> Oxycodone (oxycontin, percocet) <input type="checkbox"/> Palatable alcohol (e.g. beer, wine, spirits) <input type="checkbox"/> Spice (k2) <input type="checkbox"/> Xylazine (tranq) <input type="checkbox"/> Other (please state): _____	
51 Do you have a diagnosed mental health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	<i>If yes, score 2</i> ___/2

**52** If yes, do you mind sharing what the mental health diagnosis is?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Anxiety disorder    | <input type="checkbox"/> Neurodevelopmental disorder           | <input type="checkbox"/> Schizoaffective disorder    |
| <input type="checkbox"/> Bipolar disorder    | <input type="checkbox"/> Obsessive compulsive disorder         | <input type="checkbox"/> Schizophrenia               |
| <input type="checkbox"/> Delusional disorder | <input type="checkbox"/> Personality disorder                  | <input type="checkbox"/> Other (please state): _____ |
| <input type="checkbox"/> Eating disorder     | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) |  |
| <input type="checkbox"/> Clinical depression |  |  |

**53** Have you had, or been told that you have had, a brain injury or head trauma?

- Yes  
 No  
 Skip

*If yes, score 2*

\_\_\_/2

**54** Do you have any issues that will likely make it difficult to live independently or where you would need more help with your health, mental health or substance use if you were housed?

- Yes  
 No  
 Skip

*If yes, score 3*

\_\_\_/3

**55** Are there any medications you should be taking that you are not taking, not taking all the time, or using in a way different than how the medicine was prescribed?

- Yes  
 No  
 Skip

*If yes, score 1*

\_\_\_/1

**56** Are you currently pregnant or think you might be?

- Yes  
 No  
 Skip

*If yes, score 1*

\_\_\_/1

**Add scores from Q45 to Q56 for total score for 'Health and wellbeing':** \_\_\_/15

## F. Demographics and additional questions

Thank you for going through this survey with me. I'll just take a few more details and then this survey is complete!

### Questions

57 What is your country of birth?

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Australia      | <input type="checkbox"/> Phillipines  | <input type="checkbox"/> Other:<br>_____ |
| <input type="checkbox"/> New Zealand    | <input type="checkbox"/> Vietnam      | <input type="checkbox"/> Skip            |
| <input type="checkbox"/> United Kingdom | <input type="checkbox"/> Italy        |  |
| <input type="checkbox"/> China          | <input type="checkbox"/> South Africa |  |
| <input type="checkbox"/> India          | <input type="checkbox"/> Malaysia     |  |

58 What is your citizenship or residency status?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Australian Citizen            | <input type="checkbox"/> Studying and Training Visa    | <input type="checkbox"/> New Zealand Citizen |
| <input type="checkbox"/> Australian Permanent Resident | <input type="checkbox"/> Family and Spousal Visa       | <input type="checkbox"/> Other:<br>_____     |
| <input type="checkbox"/> Visitor/Temporary Visa        | <input type="checkbox"/> Refugee and Humanitarian Visa | <input type="checkbox"/> Skip                |
| <input type="checkbox"/> Working and Skilled Visa      | <input type="checkbox"/> Bridging Visa                 |  |

59 How do you make your money? (Select all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Age Pension                 | <input type="checkbox"/> JobSeeker Payment (unemployment benefit) | <input type="checkbox"/> Work, Self-Employed                     |
| <input type="checkbox"/> Any other pension/allowance | <input type="checkbox"/> No income                                | <input type="checkbox"/> Worker's Compensation                   |
| <input type="checkbox"/> Begging                     | <input type="checkbox"/> Parenting Payment                        | <input type="checkbox"/> Youth Allowance - Living at home        |
| <input type="checkbox"/> Carer Allowance             | <input type="checkbox"/> Rent Assistance                          | <input type="checkbox"/> Youth Allowance - Living away from home |
| <input type="checkbox"/> Carer Payment               | <input type="checkbox"/> Sex work                                 | <input type="checkbox"/> Other:<br>_____                         |
| <input type="checkbox"/> Disability Support Pension  | <input type="checkbox"/> Special Benefit Payment                  | <input type="checkbox"/> None of the above                       |
| <input type="checkbox"/> Family Tax Benefit          | <input type="checkbox"/> Student Allowance                        | <input type="checkbox"/> Skip                                    |
| <input type="checkbox"/> Maintenance (Child support) | <input type="checkbox"/> Work, Big Issue Vendor                   |  |
|  | <input type="checkbox"/> Work, Employee                           |  |

60 Do you have a Public Guardian?

- |  |  |                               |
|--|--|-------------------------------|
| <input type="checkbox"/> Public Guardian   | <input type="checkbox"/> Not applicable  | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Next of kin       | <input type="checkbox"/> Other:<br>_____ |                               |
| <input type="checkbox"/> Power of Attorney |  |                               |

61 Have you ever been in any of the following?

- |  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <input type="checkbox"/> Youth detention | <input type="checkbox"/> Remand | <input type="checkbox"/> Skip |
| <input type="checkbox"/> Watch house     | <input type="checkbox"/> Prison |                               |

62 How long ago were you last released?

- |   |  |                               |
|---|--|-------------------------------|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> More than 5 years ago | <input type="checkbox"/> Skip |
|---|--|-------------------------------|

1 to 5 years ago

63 What do you need to be safe and well?

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### Score total

Section	Score acquired	Out of
A. Pre-survey questions		5
B. History of housing and homelessness		10
C. Social and daily needs		8
D. Risks and safety		14
E. Health and wellbeing		15
<b>Total score:</b>		<b>52</b>

### Scoring guide

Score range	Category	Recommendation
0-13	Low	Short intervention required through information and referrals.
14-39	Moderate	Short term support to assist with applications for housing options.
40-52	High	Long term support to assist with acquiring housing and linkage to tenancy sustainment support.