

This survey is for reference only and should not be used without appropriate training. A printable version, including the required consent form, is only available to those who have completed training. 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)

## Family

*Version 1.4*

Queensland Only



**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](https://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 and your family 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.

### First/Primary head of household

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?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender male <input type="checkbox"/> Transgender female <input type="checkbox"/> Brotherboy <input type="checkbox"/> Sistergirl	<input type="checkbox"/> Non-binary <input type="checkbox"/> Gender diverse <input type="checkbox"/> Other: _____ <input type="checkbox"/> Skip
8	What are your pronouns?	<input type="checkbox"/> he/him <input type="checkbox"/> she/her <input type="checkbox"/> they/them <input type="checkbox"/> xie/hir	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Skip
9	Do you identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither <input type="checkbox"/> Declined to state <input type="checkbox"/> Don't know
10	What is your date of birth?	DD / MM / YYYY	11 Age in years
12	What is your Centrelink Reference Number?		
13	Are you a current or former Australian Defence Force (ADF) member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Skip
14	On a typical day, where is the easiest place to find you?		
15	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?		
16	Is there any email address where I can safely send you a message?		

Complete this section if there is a second head of household. Otherwise, skip to Question 31.

### Second/Secondary head of household

<b>17</b>	What is your first name?		
<b>18</b>	What is your last name?		
<b>19</b>	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	
<b>20</b>	If yes: what are those other names?		
<b>21</b>	What gender do you identify as?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Male  <input type="checkbox"/> Female  <input type="checkbox"/> Transgender male  <input type="checkbox"/> Transgender female  <input type="checkbox"/> Brotherboy  <input type="checkbox"/> Sistergirl           </div> <div> <input type="checkbox"/> Non-binary  <input type="checkbox"/> Gender diverse  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Skip           </div> </div>	
<b>22</b>	What are your pronouns?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> he/him  <input type="checkbox"/> she/her  <input type="checkbox"/> they/them  <input type="checkbox"/> xie/hir           </div> <div> <input type="checkbox"/> Other: _____  <input type="checkbox"/> Don't know  <input type="checkbox"/> Skip           </div> </div>	
<b>23</b>	Do you identify as Aboriginal, Torres Strait Islander or both?	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Aboriginal  <input type="checkbox"/> Both Aboriginal and Torres Strait Islander  <input type="checkbox"/> Torres Strait Islander           </div> <div> <input type="checkbox"/> Neither  <input type="checkbox"/> Declined to state  <input type="checkbox"/> Don't know           </div> </div>	
<b>24</b>	What is your date of birth?	DD / MM / YYYY	<b>25</b> Age in years
<b>26</b>	What is your Centrelink Reference Number?		
<b>27</b>	Are you a current or former Australian Defence Force (ADF) member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Skip
<b>28</b>	On a typical day, where is the easiest place to find you?		
<b>29</b>	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?		
<b>30</b>	Is there any email address where I can safely send you a message?		

### Aboriginal and Torres Strait Islander question

<b>31</b>	Do you or any members of the family identify as Aboriginal, Torres Strait Islander or both?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I don't know <input type="checkbox"/> Skip
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If answered yes, score 2: \_\_\_\_/2

Total score for pre-survey: As above

## 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>32</b> When was the last time you and your family 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>33</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>34</b> Are you and your family currently sleeping rough?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1 ____/1
<b>35</b> If yes, how long have you and your family been sleeping rough?	_____ years _____ months <input type="checkbox"/> Skip <input type="checkbox"/> Not applicable	
<b>36</b> Have you or any members of your family ever lived in a foster home as a youth or any type of group home as a youth or adult?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1 ____/1
<b>37</b> Have you or any members of your family 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>38</b> Do you feel you or your family have ever been discriminated against when trying to access housing or any other social program because of your family size, the children, your age, gender, race, abilities, appearance or sexual orientation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1 ____/1
<b>39</b> Have you and your family ever left or lost your housing because you experienced violence in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Skip	If yes, score 1 ____/1
<b>40</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>Add scores from Q32 to Q40 for total score for 'History of housing and homelessness':</b>		<b>____/10</b>