

Client Score: _____

Client Code: _____

(client code is the last four of the client SS# and first and last initial. If you do not have a SS# use 0000)



HOUSING/HOMELESS ASSESSMENT TOOL

Opening Script

HAVE YOU COMPLETED THIS SURVEY WITH ANOTHER AGENCY? IF YES WHICH AGENCY? _____

- The name of the assessor and their organization
- The purpose of this form being completed
- That it usually takes less than 10 minutes to complete
- That only YES, NO or one word answers are being sought
- That any question can be skipped or refused
- Inform the participant where the information is being 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 not a right or wrong answer that they need to provide, nor information they need to conceal

RESIDENCE INFORMATION

I understand that the information on this form may be shared with other agencies participating in the continuum of care.

Signature of Head of Household _____
Date

1. Name: _____ Date: _____

2. Phone Number: () - _____ Alt. Phone: () - _____

3. Number of people in the household: _____

4. Ages and Gender of those seeking housing:

<u>DOB</u>	<u>SEX</u>	<u>DOB</u>	<u>SEX</u>
_____	_____	_____	_____
(self)			

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1. Score: _____

IF A FAMILY WITH DEPENDENT CHILDREN, THEN SCORE 5 Score: _____

IF THE PERSON IS 24 OR UNDER, THEN SCORE 2. Score: _____

5. When did you become homeless: _____

6. How many separate times in the past 3 years have you been without a regular place to stay (including right now)?

___ 1 time ___ 2-3 times ___ 4 or more times

IF THE PERSON HAS EXPERIENCED 1 EPISODE OF HOMELESSNESS, THEN SCORE 1

IF THE PERSON HAS EXPERIENCED 2-3 EPISODES OF HOMELESSNESS, THEN SCORE 2

IF THE PERSON HAS EXPERIENCED 4 + EPISODES OF HOMELESSNESS, THEN SCORE 3 Score _____

7. Has it been more than a year since you had a regular place to stay? _____

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS THEN SCORE 3. Score: _____

8. Where did you stay last night and what is the address: _____

IF they said (car or other vehicle, street or woods, camper or tent), THEN SCORE 2 Score _____

9. What was your last permanent address and how long did you live there: _____

10. Why are you no longer living at your last permanent address; what changed in the household to create this emergency:
nonpayment of rent, destruction of property, other _____

11. Do you have any friends or family that you can stay with for at least the next 14 days, or longer? Yes No

IF "NO" THEN SCORE 1 Score _____

12. Are you receiving services by any other community support providers? Yes No

IF "NO" THEN SCORE 1 Score _____

13. Do you have any physical or mental limitations that would prevent you from obtaining housing? (circle all that apply)

Physical/Medical Developmental Disability Mental Health Drug or Alcohol Addiction
HIV/AIDS Other: _____

SCORE 1 point for each disability Score _____

14. Is anyone in your household a veteran: Yes No

IF "YES" THEN SCORE 5 Score _____

15. Do you have any legal issues that will make it more difficult to rent a place to live? (Circle all that apply)

Registered Sex Offender Released from Jail/Prison On probation/Parole
Pending charges/ Fines

SCORE 1 point for each legal issue Score _____

16. Are you being sanctioned through a public assistance program: Yes No

IF "YES", THEN SCORE 3 Score _____

17. Are you or anyone in your household currently employed: Yes No If so, who in the house is employed and what is the name, address, and phone number of the employer: _____

IF "NO" THEN SCORE 1 Score _____

18. Do you have any other available income or resources at this time? These include, but are not limited to; Child Support Payments, Unemployment Insurance Benefits, Disability Benefits, Social Security Benefits, SSI Payments or Advance on Wages: Yes

No If yes, indicate what type of income it is, the date it was last received on and the amount it was for:

IF "NO" THEN SCORE 1 Score _____

19. Do you have outstanding debt? Yes No

IF "YES" THEN SCORE 1

Score _____

20. Do you have your own transportation? Yes No

IF "NO" THEN SCORE 1

Score _____

21. Are you fleeing Domestic Violence? Yes No

IF "YES" THEN SCORE 3

Score _____

I understand by signing below I agree to any investigation made to verify or confirm the information I have given or any other investigation made by them in connection with my request for Services. I further understand if additional information is requested, I will provide it. I swear and affirm under the penalties of perjury that the information I have given or will give is correct.

Signature _____

Date _____

LEVEL 1: No/Few Barriers

- Score 0-3
- Complete Housing Application
- Refer to Diversion/Prevention Programs/ Rapid Re-housing: help with deposits, rent and other move-in costs; provide short-term assistance.
- Referral for Utility assistance such as HEAP and TANF, SNAP (Food Stamps)

Level 2: Moderate Barriers

- Score 4-7
- Complete Housing Application
- Refer to Diversion/Prevention Programs/ Rapid Re-housing: help with deposits, rent and other move-in costs; provide medium- term assistance.
- Referral for Utility assistance such as HEAP and TANF, SNAP (Food Stamps)
- Provide case management, living skills and community resource referral
- Case management contact at least once/month for 1 year

Level 3: Significant Barriers

- Score 8+
- Complete Housing Application
- Ensure that applicant will be provided one-one assistance with applications, referrals assistance to resource sites as needed.
- Referral to substance abuse recovery programs as needed.
- Referral to Shelter Plus Care rental programs.
- Refer to Diversion/Prevention Programs/ Rapid Re-housing: help with deposits, rent and other move-in costs; provide medium- term assistance.
- Referral for Utility assistance such as HEAP and TANF, SNAP (Food Stamps)
- Provide case management, living skills and community resource referral
- Case management contact at least once/month for 18-24 months or longer as needed.