**Vermont Coalition to End Homelessness**

**Housing Assessment**

*The following questions will help us to figure out how best to help you. Please answer each question honestly. You are not required to answer any of the questions.*

Name of Person(s) providing information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Completing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Code: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ SP#: \_\_\_\_\_\_\_\_\_\_\_\_

Do you or anyone in your household need any accommodations for a disability, such as help with paperwork or navigating services?

🞏 Yes 🞏 No 🞏 DK/Declined

*No one has to answer this question if they don’t want to. But if someone does have a disability, and they need us to do something different to help them access housing or services, please let us know. We can make changes to how we do things, if the change is reasonable.*

**Are you currently fleeing or attempting to flee a domestic violence situation?**

**Is anyone in your household afraid for their safety?**

*If yes, would you like to be referred to the local Domestic Violence Shelter for help?*

***STOP – Do NOT complete or submit the rest of the form if referral is made to DV Agency***

**Household Information**: *First, we need to collect some basic information about you*.

Who is living with you or will be part of your household? (DROP DOWN MENU FOR CHART)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name (First Last) | Aliases | Relationship | Social Security Number | D.O.B. | Gender | Race | Hispanic Y/N | Last Grade Completed | Health Insurance Type |
|   |  | SELF |  |   |   |   |   |   |  |
|   |  |   |   |   |   |   |   |   |  |
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|  |  |  |  |  |  |  |  |  |  |

Have you or any adult in your household ever served in the U. S. Armed Forces or Military? Yes No DK Declined

Do you have military ID? 🞎 Military Card ID 🞎 DD-214 🞎 VA ID 🞎 DD-214

Are you currently receiving services from a veteran-serving organization? Yes No

May we make a referral to the VA on your behalf? Yes No If yes, date referral was made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_*

**What kind of help are you interested in right now?**

🞏 Emergency Housing 🞏 Support Services 🞏 Financial assistance 🞏 Help to find housing

🞏 Mediation/Help for Housing Conflict 🞏 Help with Employment 🞏 Not Sure

🞏 Other:

**Current Housing Status** *Review Housing Referral Form & Update if Needed*

Where did you stay last night (be specific):

|  |
| --- |
| **□** Emergency Shelter or Safe Haven |
| **□** Place not meant for habitation (cars, parks, abandoned buildings, camps, streets) |
| **□** Renting a house /apartment |
| **□** Staying or living in a family member’s room, apartment or house**□** Staying or living in a friend’s room, apartment or house |
| **□** Institutional setting **□** Hospital or non-psychiatric medical facility **□** Foster Care home/residential program **□** Jail/prison **□** Long-term care facility or nursing home **□** Psychiatric hospital bed/facility **□** Substance abuse treatment facility or detox **□** Other residential project (not homeless specific)  |
| **□** Motel/hotel Paid by:  |
| □ In a home owned by the individual/family STOP – Make referral to homeownership center:  |

How long have you been at this location? (Update, if needed)

|  |  |
| --- | --- |
| □ One day or less | □ One to three months |
| □ Two Day to one week | □ More than three months, but less then than one year |
| □ More than one week, but less than one month | □ One year or longer |

***If in a shelter or home, screen for diversion:*** Are you able to stay there again tonight? (Y/N) \_\_\_\_\_\_

***If no,*** is there anything that could be done so that you can stay there again? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have family or friends in the area that you can stay with safely tonight? (Y/N and notes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following questions will help us to identify the type of housing help you may need.**

Does one or more adults in your household have any condition that limits their ability to take care of themselves, take care of children in the household, work or get around in the community? Such as a chronic medical condition or a long term disability?

Yes No Don’t Know Declined

Has this person ever discussed this issue with a doctor or health care provider? Yes No

Do you have any urgent medical conditions right now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BELOW IS THE HMIS DISABILITY ASSESSMENT – SHOULD WE INCORPORATE THIS? ANYONE HAVE THIS IN INTERVIEW FORM?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Disability Type** | **Disability Determination** | **If Yes, expected to be of long continued and indefinite duration and substantially impairs ability to live independently** | **If Yes, Documentation of the disability and severity on file** | **(If Yes) Currently receiving service or treatment?** | **Start Date** |
| Alcohol Abuse | Yes  No | Yes  No | Yes  No | Yes  No |  |
| Drug Abuse | Yes  No | Yes  No | Yes  No | Yes  No |  |
| Both Alcohol and Drug Abuse | Yes  No | Yes  No | Yes  No | Yes  No |  |
| Mental Health Problem | Yes  No | Yes  No | Yes  No | Yes  No |  |
| Physical | Yes  No | Yes  No | Yes  No | Yes  No |  |
| Developmental | Yes  No | Yes  No | Yes  No | Yes  No |  |
| HIV/AIDS | Yes  No | Yes  No | Yes  No | Yes  No |  |

**Income & Employment**

If you can provide a copy of your pay stubs or benefit statements, we may be able to serve you more quickly.

Are you currently employed?

🞎 Yes

How long have you worked at your current job?

Is this full/part/seasonal or temporary work?

🞎 No

What is the most recent job you’ve held?

Are you looking for work? 🞏 Yes 🞏 No

**Monthly Income** (last 30 days)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Cash Income | Amount | Start Date |  | Non-Cash Income | Amount | Start Date |
| Earned Income | $ |  |  | 3SquaresVT - SNAP (Food Stamps) | $ |  |
| Unemployment | $ |  |  | WIC | $ |  |
| SSI | $ |  |  | Reach Up (TANF) Child Care services | $ |  |
| SSDI | $ |  |  | Reach Up (TANF) transportation services | $ |  |
| Reach Up (TANF) | $ |  |  | Other Reach Up (TANF) services | $ |  |
| General Assistance (GA) | $ |  |  | Section 8/public housing rental assistance | $ |  |
| VA disability: non-service connected pension or service connected compensation?  | $ |  |  | Temporary Rental Assistance | $ |  |
| Social Security Retirement | $ |  |  | Other: | $ |  |
| Private disability insurance | $ |  |  | Other: | $ |  |
| Pension/Retirement Income from job | $ |  |  | Other: | $ |  |
| Worker's comp | $ |  |  | Other: | $ |  |
| Child support | $ |  |  | Other: | $ |  |
| Alimony/other spousal  | $ |  |  |  |  |  |
| Other: | $ |  |  |  |  |  |
| Total Cash Income | $ |  |  | Total Non-Cash Income | $ |  |

Total Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Total Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you expect any changes in your household income in the next month?

If you are receiving Reach Up (TANF), do you expect any changes to this benefit in the near future?

Would you like to explore a way to increase your income?

If yes, do you think employment training or support could help you to increase your income?

If yes, would you like help with finding employment, training or education opportunities?

If no, are you interested in other benefits?

**I’m going to ask some questions about your housing and homeless history.**

Use the definitions of homeless and at-risk of homelessness to determine:

🞏Literally Homeless 🞏Imminently homeless 🞏At-risk of homelessness/unstable housing

|  |
| --- |
| **SECTION 1: CURRENTLY HOUSED ONLY****\*\*\*Review Housing Crisis Referral Form – Ask/Update as Needed\*\*\*** |
| Have you been threatened with being kicked out of your current place? |  |
| Have you received an eviction notice (a letter from your landlord) in the last 14 days? | **DATE (if known):** |
| Have you been served a legal eviction notice (from the court) within the past 21 days?  | **DATE (if known):** |
| Are you staying with family or friends because if economic hardship? |  |
| Are there too many people in your current location in an overcrowded living situation? *More than 1.5 people/room* |  |
| Do you live in subsidized housing or have your own voucher right now?(VRS, FUP, Section 8, Shelter + Care, etc) |  |
| Have you moved 2 or more times in the past 60 days? |  |
| Is your current situation unsafe for you or your family in another way? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION 2: SHORT, MEDIUM or LONG-TERM****\*\*\*Ask everyone unless otherwise indicated\*\*\*** | **Short Term Need****(<3 months)** | **Medium Term Need (4-24 mos.)** | **Long Term Need** **(2+ years, PSH)** |
| **CURRENTLY HOMELESS ONLY**How long have you been homeless this time? Days\_\_\_\_\_\_ Weeks\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_ Years\_\_\_\_\_\_\_What town was the last place you stayed for more than 90 days?  | 🞏 Less than 90 days | 🞏More than 90 days | 🞏 Continuously Homeless for more than one year |
| ***Ask everyone these questions unless otherwise indicated – EVEN FOR PREVENTION/DIVERSION*** |
| Have you ever been homeless before (this time)? | 🞏 No | 🞏Yes | 🞏 Yes |
| ***If “yes”,***How many times have you been homeless in your life? \_\_\_\_\_\_\_\_\_In what year(s) were you homeless and how long were you homeless each time (incl shelter stays)? *(list year & length of episode)*1) 2)3)4) | 🞏 No homeless history in the past 3 years | 🞏Any past homeless history | 🞏 4 or more times in past 3 years |
| *The longest single time they were homeless was:* | 🞏 < 90 days | 🞏>= 90 days | 🞏 > 1 year |
| *The total # of months spent homeless is:* | 🞏 < 3 months | 🞏3 – 11 months | 🞏 12 or More |
| Do you currently owe any back rent? | 🞏 Yes | 🞏Yes | 🞏 Yes |
| Do you owe money on any utility bills? | 🞏 Yes | 🞏Yes | 🞏 Yes |
| Have you ever been asked to leave your apartment or given legal papers to ask you to leave? (not including anything that is pending) | 🞏 Yes | 🞏Yes | 🞏 Yes |
| ***If “yes”,*** how many times have you been evicted? | 🞏 None | 🞏1-2 | 🞏 3 or more |
| Do you have friends or family members with whom you can stay for a short period of time, or who can lend you money? | 🞏 No | 🞏No | 🞏 No |
| Do you have any positive landlord references? | 🞏 Yes (good to fair) | 🞏No | 🞏 No |
| (Outside of the current event) Do you have any bad landlord references? | 🞏 No | 🞏Yes | 🞏 Yes |
| Do you have a criminal record that keeps you from getting an apartment? | 🞏 No (minor offenses only/not involving serious crimes against persons or property) | 🞏Yes | 🞏 Yes |
| Do you have enough income right now to afford your own apartment? | 🞏 Yes | 🞏No | 🞏 No |
| **TOTAL CHECKS in EACH COLUMN TO DETERMINE DURATION OF NEED** | **Short Term:** | **Medium Term:** | **Long Term:** |

Where would you like or prefer to live (county/towns)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you say you have trouble getting or keeping an apartment? 🞏 Yes 🞏 No

***If yes***, was it for any of the following reasons? (Check all that apply)

🞏 Need an accessible unit 🞏 Smoking

🞏 Credit history 🞏 Uneven or no employment

🞏 Criminal record 🞏 Lack of (or poor) Landlord references

🞏 Not enough income 🞏 Eviction history

🞏 My pets or animals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Issues with house guests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Number of complaints about housekeeping 🞏 Discrimination- Please explain: \_\_\_\_\_\_\_\_\_\_\_

🞏 Number of children/people in the household 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would you say was your biggest barrier to getting or keeping housing right now?

Are you currently on Probation or Parole? 🞏 No 🞏 Yes

Parole Officer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are all school aged children enrolled in school? 🞏 Yes 🞏 No

If so, are there any enrollment or attendance difficulties? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can I contact the local liaison at your school? <http://education.vermont.gov/homeless-children-and-youth>

**I am going to ask some questions to help understand the kind of services you might need in housing. Like before you don’t have to answer, but it may help identify housing support for you.**

[ ]  Have you been without any cash income (including from a job or not from a job) in the past year?

[ ]  (Families with children only) – Do you currently have an open case with DCF Family Services?

[ ]  Are you a survivor of domestic or sexual violence or trafficking?

 When did this experience occur? (For HMIS only)

 Within the past three months Three to six months ago From six to twelve months ago More than a year

[ ]  In the past year, have you been to the Emergency Room one or more times?

[ ]  Do you or anyone in your household have an urgent medical need?

 (e.g., severe infection, acute diabetic condition, mental health crisis):

***Have you ever:***

[ ]  Stayed in a psychiatric facility?

[ ]  Been in prison, jail or correctional facility?

[ ]  Stayed in a substance abuse treatment facility?

[ ]  Stayed in another type of residential facility, like a nursing home or group home?

[ ]  Been in foster care as a teenager? If yes, were you 16 or older? (check box if age 16 years or older)

[ ]  Been homeless before the age of 25?

*Enter from information collected earlier:*

[ ]  *Currently unsheltered or living in a place not meant for habitation*

[ ]  *Adult household member living with a chronic medical condition that is disabling*

[ ]  *Other High Service Need Indicator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

[ ]  *Other High Service Need Indicator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Enter cumulative time homeless from information collected earlier:*

\_\_\_\_ Mark “0” for less than 12 months of homelessness; “1” for 12 – 23 months of homelessness; “2” for 24 – 60 months (2-5 years) of homelessness; “3” for more than 60 months (5 years) of homelessness

**Total Permanent Supportive Housing Service Need Prioritization: \_\_\_\_\_\_\_\_\_**

*Meets the HUD Definition of Chronic Homelessness?* 🞏 Yes 🞏 No 🞏 Don’t Know

*Is Length of Time Homeless-Status Documented?* 🞏 Yes 🞏 No

**Your Referrals**

Have you worked with any service agencies or programs in the last 12 months?

Agency:

Program Name:

With whom did you work?

Agency:

Program Name:

With whom did you work?

Are you interested in any of these other resources we can provide to help you or someone you may know in need?

🞏 Finding a primary care provider 🞏 Health insurance

🞏 Information about substance use 🞏 Budget and financial counseling

🞏 Information about counseling 🞏 Adult education classes

🞏 Food/Food Shelf/3SquaresVt Benefits 🞏 Support groups

🞏 Other:

**Next Steps**

Housing Recommendation

Appointment with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ scheduled for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏 Appointment card to client 🞏 Case notes entered

Service Referral Made to: