

SECTION 1: HOUSEHOLD INFORMATION

First, I'm going to collect some basic information about you and the people in your household.

- Who is living with you or will be part of your household? ⓘ
- Is anyone known by another name? ⓘ
- Can you please tell me the relationship to you, the social security number, and date of birth for each person? ⓘ
- Does anyone in your household identify as transgender or gender non-conforming?
 - a. What is the gender of each person in your household? ⓘ
 - Male Female Transgender Questioning
 - Gender is not singularly Female or Male (e.g. non-binary, genderfluid, agender, culturally specific)
- Which category or categories describe <use name of each person>? ⓘ
 - Black, African American, African White Native Hawaiian, Pacific Islander
 - Asian, Asian American American Indian, Alaska Native, Indigenous
- Is anyone of Hispanic, Latin(a)(o)(x) or Spanish origin? ⓘ
- Does <use name of each person> have health insurance? ⓘ
 - a. If yes, what type of health insurance? ⓘ
- Have you or any adult in your household ever served in the U. S. Armed Forces or Military? ⓘ
 - Are you currently receiving services from a veteran-serving organization?
 - Yes No Don't Know Declined
 - Do you have military ID? If Yes, What type?
 - Military Card ID DD-214 VA ID DD-2
 - May we make a referral to the VA for services on your behalf? Yes No

Thanks for all those answers. The next question may help us get you support that best fits your needs.

- Do you or anyone in your household have a disabling condition, such as an alcohol and/or drug use disorder, a chronic health condition, a mental health disorder, HIV/AIDS, a developmental disability or another physical disability? You don't need to be receiving services or treatment to have a disability. ⓘ

Read questions and record answers in the chart below – drop down options in electronic form.

First and Last Name ⓘ	Aliases ⓘ	Relation to Head of Household ⓘ	SSN ⓘ	Date of Birth ⓘ	Gender ⓘ	Race ⓘ	Hispanic Y/N ⓘ
		SELF					

First and Last Name ⓘ	Health Insurance Y/N ⓘ	Health Insurance Type ⓘ	Veteran Y/N ⓘ	Disabling condition Y/N ⓘ

SECTION 2: DISABILITY INFORMATION

ONLY COMPLETE if someone in the household has a disabling condition. IF NOT, skip to Section 3.

Now I'm going to ask you some additional information about the people in your household with a disabling condition. Remember, you don't have to answer any questions you don't want to. Your answers may help us figure out how to best to help you. I also want to make sure that you know any specific information about a disability is only used to determine if you might be eligible for a program, not to deny you services or housing for which you are eligible.

Note: documentation is not required: client's self-report is sufficient for this assessment.

From previous question on disabling conditions, fill in chart with name of person/people with disabling conditions. Then read questions below and record answers in the chart.

First and Last Name ⓘ	Type of disability (1 type per line: physical, developmental, chronic health, HIV/AIDS, mental health, alcohol use, drug use, alcohol & drug use) ⓘ	Is this expected to be long-term and continue indefinitely, and affect your/their ability to live independently? ⓘ	Do you/ they currently receive services or treatment?	<u>If not, would you/they like help getting connected with services or treatment?</u>

- What type of disabling condition do you/does <use name of each person with disabling condition> have?
- Is the disabling condition expected to be long-term and continue indefinitely, and affect your/their ability to live independently?
 - a. Do you/they currently receive services or treatment for the disabling condition?
 - b. If not, would you/they like help getting connected with services or treatment?
- Do you have any urgent medical conditions right now that you need help with? _____
If yes, make appropriate referrals

SECTION 3: DOMESTIC & SEXUAL VIOLENCE HISTORY

Read the following questions and record the “YES” answers in the chart below, including the name of the person.

Please note that these questions have changed to include all family violence.

- Has a partner or someone you were living with ever made you afraid for your safety, hurt you or controlled your decisions? ⓘ YES NO

If YES, a. When did it occur? ⓘ

Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

b. Are you currently fleeing, attempting to flee, or afraid to return to where you are staying? ⓘ

- Has anyone in your household, besides you, had a partner that made them afraid for their safety, hurt them or controlled their decisions? ⓘ YES NO

If YES, a. When did it occur? ⓘ

Within the past 3 months 3-6 months ago 6-12 months ago More than 1 year ago

b. Are they currently fleeing, attempting to flee, or afraid to return to where they are staying? ⓘ

Name (First and Last) ⓘ	When did it occur? ⓘ	Currently fleeing? Y/N ⓘ

- Would you or anyone else in your household like to speak with a domestic or sexual violence advocate for support? _____

If yes, make appropriate referrals.

SECTION 4: CURRENT HOUSING SITUATION & CHRONIC HOMELESSNESS INFORMATION

This Section must be completed for each Adult.

Thanks for your answers so far. Now, I want to review your current housing situation with you. I'm also going to ask some questions about your housing history. I want to remind you that we do not discriminate. Our goal is to help identify the housing and support that best fits your needs. Answering these questions accurately may help us.

If Housing Referral Form is on hand, Review & Update: I see that you've been staying <place from referral form>; is that still where you are staying?

- Where did you stay last night? Please be specific. ⓘ

Homeless Situation

- Emergency shelter, including motel/hotel paid for with a voucher or host home for youth
 - Place not meant for habitation (cars, parks, abandoned or condemned buildings, camps, streets)
 - Safe Haven
- Do you recall the approximate date you started staying here? ⓘ _____

Institutional Situation

- Hospital or non-psychiatric medical facility
- Jail/prison/Juvenile detention facility
- Psychiatric hospital bed/facility
- Foster Care home/residential program
- Long-term care facility or nursing home
- Substance abuse treatment facility or detox

Temporary or Permanent Housing Situation

- Other Residential project, re-entry housing or recovery housing (not homeless specific)
- Motel/hotel paid by self, friend or family member (no voucher)
- Transitional Housing for homeless persons (including youth)
- Staying or living in a friend's room, apartment or house
- Staying or living in a family member's room, apartment or house
- Renting a house /apartment
 - If renting, Do you live in subsidized housing or have your own voucher right now?*
(RRH: VRS, CoC RRH, HOP RRH; VASH; Grant & Per Diem (GPD) Transition in Place (TIP);
Section 8 HCV (includes FUP, 811); Public Housing Unit; Other Permanent Housing for Homeless
Persons (Shelter + Care), Other Subsidy)
 - Yes: _____
- In a home owned by the individual/family STOP – Make referral to homeownership center.

Diversion Questions for those who did not stay in Emergency Shelter last night (Optional)

- Are you able to stay <insert name of location> again tonight? Yes No Maybe
If no or maybe, Is there anything that could be done so that you can stay there again?

- Do you have friends or family in the area that you can stay with safely tonight? Yes No

Screen for Imminent or At-Risk of Homelessness (If currently staying in an Institutional or Temporary/Permanent Situation)

- Have you been threatened with being kicked out of your current place? Yes No
- Have you been served a legal eviction notice (from the court) that says you must leave?
 Yes No **DATE (if known):** _____
- Have you received a notice (from your landlord) that your right to stay or occupy your current housing will be terminated?
 Yes No **DATE (if known):** _____
- Are you staying with family or friends because you are unable to afford your own place? Yes No
- Is your current living situation overcrowded? Meaning, there too many people in your current location (>1.5 pp/room)? Yes No
- Have you moved 2 or more time in the past 60 days? Yes No
- Has the housing that you are currently living in been condemned by a health officer? Yes No
- Have you identified another residence you can move to? Yes No
- Do you have resources or support networks that can help you obtain permanent housing? Yes No
- Have you been on a lease or owned a home in the last 60 days? Yes No

➤ How long have you been staying where you are staying now? (Update, if needed) ⓘ

<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days
<input type="checkbox"/> Two to 6 nights	<input type="checkbox"/> More than three months, but less than one year
<input type="checkbox"/> One week or more, but less than one month	<input type="checkbox"/> One year or longer

➤ If less than 90 days, on the night before this was where you stayed, where did you stay **AND** approximately when did you start staying there? ⓘ

Emergency Shelter/Motel with Voucher

Start Date: _____

Place not meant for habitation (car, tent, street, etc.)

Start Date: _____

Other: _____

Start Date: _____

➤ Have you ever experienced homelessness before (this time?) Yes No

➤ How many times have you been living outside, on the streets, in a motel paid for with a voucher or in an emergency shelter or safe haven in your life? _____

a. When were you homeless and how long were you homeless each time (include shelter stays)? (list year & length of episode in months)

Staff answer the following from responses above:

➤ Total # of months/years spent in literal homelessness

Less than 1 year 12 – 23 mos. 24 – 60 mos. (2-5 years) More than 60 mos. (5 years)

➤ Regardless of where they stayed last night, # of times the client has spent in literal homelessness (including current episode) in the past 3 years: ⓘ _____

➤ Total # of months spent in literal homelessness (including current episode) in the past 3 years: ⓘ _____

SECTION 5: INCOME AND EMPLOYMENT INFORMATION

Now, I want to understand your current income and employment situation.

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

Do you or any adults in your household have income from any source, including cash and non-cash income? ⓘ

Yes No

If yes,

Cash Income ⓘ	Monthly Amount ⓘ	Which Adult? ⓘ	Non-Cash Income ⓘ	Yes/No ⓘ	Monthly Amount ⓘ (optional)	Which Adult? ⓘ
Alimony/other spousal support	\$		3SquaresVT - SNAP (Food Stamps)		\$	
Child support	\$		WIC		\$	
Earned Income (employment/ self-employment)	\$		Reach Up (TANF) child care services		\$	
General Assistance (GA)	\$		Reach Up (TANF) transportation services		\$	
Other	\$		Other Reach Up (TANF) services		\$	
Pension/Retirement Income from job	\$		Section 8/public housing rental assistance		\$	
Private disability insurance	\$		Other:		\$	
Social Security Retirement	\$		Other:		\$	
SSDI	\$		Other:		\$	
SSI	\$		Other:		\$	
Reach Up (TANF)	\$					
Unemployment	\$					
VA disability: non-service connected pension	\$					
VA disability: service connected compensation	\$					
Worker's comp	\$					
Total Cash Income	\$		Total Non-Cash Income		\$	

Do you expect any changes in your household income in the next month? Yes No

If Yes, what changes? _____

If you are receiving Reach Up (TANF), do you expect any changes to this benefit in the near future? Yes No

If Yes, what changes? _____

Would you like to explore a way to increase your income? Yes No

If yes, Do you think employment training or support could help you to increase your income? Yes No

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

If no, Are you interested in other benefits? _____

SECTION 6: LEVEL OF ASSISTANCE

Now that I have your income and employment information, I'm going to ask you some questions to help better understand your housing needs.

A.	Screen for Short-Term Assistance (up to 3 months)			
Score:				
INCOME	Do you have enough income right now to afford ongoing rent for your own apartment?	Yes = 1, No = 0		Total Income Score = _____ <input type="checkbox"/> Score >=1 Criteria Met
	Do you expect that your income will increase in the next three months, such as a raise from a job or pending military, retirement, alimony, child support or social security benefits? (<i>reasonable expectation</i>)	Yes = 1, No = 0		
	In the next three months, will you receive subsidized housing? (<i>documentation</i>)	Yes = 1, No = 0		
	In the next three months, will your household's expenses decrease enough so that you can afford your own apartment?	Yes = 1, No = 0		
OPPORTUNITY	Have you ever been asked to leave an apartment you leased or given legal papers asking you to leave? If yes, How many times? _____	Score 1 if No (exclude pending)		Total Opportunity Score = _____ <input type="checkbox"/> Score >=1 Criteria Met
	Do you have any good or fair landlord references?	Yes = 1, No = 0		
	Do you have your next housing secured? (<i>documented offer from landlord for a unit</i>)	Yes = 1, No = 0		
SITUATION	<i>From previous questions: First episode of homelessness in the past three years?</i>	Yes = 1, No = 0		<input type="checkbox"/> Score = 1 Criteria Met
<input type="checkbox"/> CHECK HERE IF ALL OF THE LAST COLUMN IS CHECKED – ALL CRITERIA ARE MET; HOUSEHOLD SCREENS IN FOR SHORT-TERM ASSISTANCE				
B.	Screen for Long-Term Assistance (more than 24 months)			
Score:				
	<i>Has the client been experiencing literal homelessness (this episode) continuously for one year or more OR has had at least 4 episodes of literal homelessness in past 3 years (previously determined)?</i>	Yes = 1, No = 0		<input type="checkbox"/> Score >=1 Household Screens In for Long-term Assistance
	<i>Does the client have a disability that is expected to be long-term, and substantially impairs their ability to live independently over time (previously determined)?</i>	Yes = 1, No = 0		
	<i>Has the client been asked to leave an apartment or given legal papers asking to leave 3 or more times, including anything that is pending (previously determined)? (only for leased housing)</i>	Yes = 1, No = 0		
C.	Screen for Medium-Term Assistance (3-24 months)			
<input type="checkbox"/> CHECK HERE IF THE HOUSEHOLD DID NOT SCREEN IN FOR SHORT-TERM OR LONG-TERM ASSISTANCE; SCREENS FOR MEDIUM-TERM ASSISTANCE				

SECTION 7: COMPLEX SERVICE NEEDS

ONLY COMPLETE if Household screened into Medium-Term or Long-Term Assistance (A or B) in preceding section. If Not, Skip to Section 8.

Your responses to these next questions will help us understand the kind of services you might need in housing. Like before you don't have to answer, but it will help identify housing support for you.

A. Have you or a member of your household:

- Had one or more trips to an emergency room in the past year?
- Stayed in a psychiatric facility (lifetime)?
- Stayed in a substance abuse treatment facility (lifetime)?
- Stayed in another type of residential facility, including a nursing home or group home (lifetime)?
- Been in foster care at age 16 years or older?
- Been homeless before the age of 25 (adults and heads of household only)?
- Stayed in a prison, jail, or correctional facility (lifetime)?
- Ever had an IEP or 504 plan in school? (*Note: may need to revisit Section 2: Disability Information*)

For Adults and Heads of Household only:

- Ever been kicked out or asked to leave housing (any housing, not just housing where you were on a lease) because of a real or perceived mental health or substance use issue?
- Never had a job where you were employed for at least three consecutive months?
- Never been named on a rental lease before?
- If head of household is under the age of 25, are you or your partner currently pregnant?*
- Is there anyone who do not have a high school diploma or GED and is not currently working on getting one? If yes, are you interested in support with high school completion?*
- Do you currently have an open case with Family Services (DCF Child Welfare)?
- Have you been without any cash income (including from a job or not from a job) for the entire past year?
- Do you or anyone in your household have an urgent medical need (e.g., severe infection, acute diabetic condition, mental health crisis)

B. *Staff member answer from information collected earlier (pages 3 and 4):*

- Currently unsheltered or living in a place unfit for human habitation (e.g., car, tent)*
- Survivor of domestic/sexual violence*
- Adult household member living with a chronic condition that is disabling*
- Parenting youth or young adult (head of household is under the age of 25)*
- Unaccompanied 16 or 17 year old (youth is presenting as their own head of household)*

C. *Staff member answer from information collected earlier (page 5)*

_____ *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 boxes checked above in sections A and B: _____

Score for length of time homeless in section C: _____

Total Complex Service Needs Score (add the two above): _____

SECTION 8: HOUSING PREFERENCES AND BARRIERS (OPTIONAL)

The next set of questions will help us gather information about your housing preferences and barriers.

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

- Do you currently owe any back rent? Yes No
- Do you currently owe money on any utility bills? Yes No
- Do you have friends or family members with whom you can stay for a short period of time, or who can lend you money? Yes No
- 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)

- | | |
|--|---|
| <input type="checkbox"/> Need an accessible unit | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Credit history | <input type="checkbox"/> Uneven or no employment |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Eviction history |
| <input type="checkbox"/> Not enough income | <input type="checkbox"/> Issues with house guests: _____ |
| <input type="checkbox"/> Bad or no landlord references | <input type="checkbox"/> Discrimination- Please explain: _____ |
| <input type="checkbox"/> My pets or animals: _____ | <input type="checkbox"/> Number of children/people in the household |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Other: _____ |
- What would you say is your biggest barrier to getting or keeping housing right now?

PLEASE COMPLETE THE FINAL TWO PAGES WITH CLIENT; THEN FILL OUT THE RELEASE OF INFORMATION.

SECTION 9: REFERRALS AND SERVICE CONNECTIONS

We are almost done! Thanks again for being patient as we fill this out together. I have just a few final questions.

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

Agency: _____ Agency: _____
Program Name: _____ Program Name: _____
With whom did you work? _____ With whom did you work? _____

- Are you currently on Probation or Parole? Yes No

Parole Officer's Name: _____ Telephone #: _____
Type of offense: _____

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

If yes, are there any enrollment or attendance difficulties? _____

If yes, what school do they attend? _____

Can I contact the local homeless liaison at your school? Yes No

<http://education.vermont.gov/homeless-children-and-youth>

- Are you interested in any of these other resources we can provide to help you?

- | | |
|--|--|
| <input type="checkbox"/> Adult education classes | <input type="checkbox"/> Health insurance |
| <input type="checkbox"/> Budget and financial counseling | <input type="checkbox"/> Employment Search/Training |
| <input type="checkbox"/> Finding a primary care provider | <input type="checkbox"/> Food/Food Shelf/3SquaresVt Benefits |
| <input type="checkbox"/> Information about substance use | <input type="checkbox"/> Information about counseling |
| <input type="checkbox"/> Support groups | <input type="checkbox"/> Other: _____ |

REFERRALS FOR CLIENT Go back to pages 1, 2 3, 6 and 10 and check for any soft referrals (Reminder: Questions that lead to referrals are dash underlined.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Emergency Housing: Shelter or Overflow Motel | <input type="checkbox"/> Support Services: _____ | |
| <input type="checkbox"/> Financial assistance | <input type="checkbox"/> Help to find housing | <input type="checkbox"/> Mediation/Help for Housing Conflict |
| <input type="checkbox"/> VA | <input type="checkbox"/> Services or Treatment for Disability | <input type="checkbox"/> DV/SV Advocate |
| <input type="checkbox"/> Urgent Medical Care | <input type="checkbox"/> Homeownership Center | <input type="checkbox"/> Employment, Training or Education Opportunities |
| <input type="checkbox"/> Benefits | <input type="checkbox"/> Utilities | |

Service Referrals (Note: These are soft referrals, meaning the assessor can provide client with agency information or call agency with the client present):

Housing Next Steps: _____

Housing Navigator Assigned? Yes, Name: _____ No

Next Appointment with: _____

**SECTION 10: CLIENT CONTACT INFORMATION & SELF-CERTIFICATION
(OPTIONAL)**

Primary Contact Person: _____

The best way to reach me is: _____

The best time to reach me is: _____

Any of the following can be used to safely reach me:

Mobile Text

Cell Phone

Email

 Facebook Messenger

 Home Phone

 Work Phone

If you cannot reach me, you can contact this person instead: _____

Contact information for this my Alternative Contact: _____

I give certify that the information I have provided is true, accurate and complete.

Signature: _____ Date: _____

Signature: _____ Date: _____