

HOUSING PRIORITIZATION TOOL

Coordinated Access, Referral, Entry and Stabilization (CARES) System
November 2021



ADMINISTRATION: ASSESSOR INFORMATION

Name of Assessor		Phone	
Name of Agency		Email	
Assessment Date	Time	Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In-person (Location):

NAME OF PERSON BEING ASSESSED






First Name		Last Name	
Preferred Name		Other names you go by	
Relationship to the Head of Household	<input type="checkbox"/> Self <input type="checkbox"/> HoH child <input type="checkbox"/> HoH spouse/partner <input type="checkbox"/> Other relation <input type="checkbox"/> Other nonrelation		

R = Client Refused, DK = Client Doesn't Know, DNC = Data Not Collected

OPENING SCRIPT

NOTE: If you have not already done so, introduce yourself and the agency you work for and then read the following. **“You were referred for a CARES Housing Assessment to determine your current housing needs and eligibility. These questions are asked to help determine the best referral for you, not to judge you or your experiences. (NOTE: If HMIS and CARES ROI not previously signed ask for permission and have them sign the ROIs.) If you give me permission, I will ask you a series of questions to determine your preferences and eligibility for housing and services.**

Before I move forward, I need to confirm your current living situation. Where have you stayed the last couple of nights? *NOTE: Assessors update this section as housing situation could have changed since initial entry into the system. If you know the current situation you do not need to ask the question, but do not assume.*

Literally Homeless Situations	Institutional Situations	Temporary or Permanent Housing Situations		Other Situations
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter <input type="checkbox"/> Safe Haven 	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center 	<input type="checkbox"/> Residential/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying/living with friends <input type="checkbox"/> Staying/living with family <input type="checkbox"/> Transitional Housing for homeless persons <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client – ongoing housing subsidy 	<input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless <input type="checkbox"/> Rental by client – GPD TIP subsidy <input type="checkbox"/> Rental by client – VASH subsidy <input type="checkbox"/> Rental by client – RRH or equivalent subsidy <input type="checkbox"/> Rental by client – HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client – public housing <input type="checkbox"/> Rental by client – other ongoing housing subsidy <input type="checkbox"/> Rental by client – no ongoing housing subsidy 	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected 
Skip Questions A-E.	Continue to Question A.	Continue to Question A.		Skip Questions A-E.
A. Are you going to have to leave your current living situation within 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
<i>If "Yes" to question A, please answer questions B-E.</i>				
B. Do you have another safe place to stay identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
C. Do you have resources or support networks to obtain other permanent housing? <i>(If yes, end assessment and read END ASSESSMENT script.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
D. Have you leased or owned housing in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
E. Have you moved 2 or more times in the last 60 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
Do you have verification of your current living situation?			<input type="checkbox"/> Yes – Homeless <input type="checkbox"/> Yes – LTH <input type="checkbox"/> Yes - CH <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	
If no, do you need assistance obtaining verification? <i>(If doing assessment on paper, note this at the end.)</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No

END ASSESSMENT: Thank you, based on your answers, you are not currently eligible for CARES housing assistance. I would like to refer you to other services that may help you further stabilize in housing. *With the household's permission, connect household back to access navigators, mainstream services, prevention assistance, or other agency or community supports as needed.*

CONTINUE ASSESSMENT: Thank you, based on your answers, I would like to proceed with the assessment. The assessment will take about 20 minutes. Many of the questions are looking for yes/no answers and do not require you providing any explanation. If you do not hear or understand a question, I can repeat it or clarify it for you. You can decide not to answer a question. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for specific housing programs. Skipped or inaccurate answers may affect your eligibility. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later.

CONSENT

Now, I would like to know if I have your permission to share your assessment answers in HMIS with housing and service providers in the CARES system. The information shared may be used to help further determine your eligibility and to best match you with housing based on your needs and choices.”

Do I have your permission to share your data in HMIS?

Yes – say **“thank you”** and proceed with assessment

No - say **“since you are not willing to share your information in HMIS, your information will be placed in our alternative database.”**

DEMOGRAPHICS

First, I will ask some basic information about you that is required for all programs. NOTE: Information should be prepopulated from a previous HMIS intake. If prepopulated, review/confirm the questions that have a single asterisk (*). Questions with a double asterisk () should not need to be reviewed or confirmed.**

D1. *What is your household type?	<input type="checkbox"/> Family	<input type="checkbox"/> Single	<input type="checkbox"/> Youth – Family	<input type="checkbox"/> Youth - Single
D2. *What is your household size?	Total # of Persons:	Total # of Adults:	Total # of Children:	
D3. In the next few weeks to months do you anticipate your household size to change due to pregnancy, custody, marriage, separation, divorce, split-up, reunification, or similar?	<input type="checkbox"/> Yes	<input type="checkbox"/> DK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> No	<input type="checkbox"/> R		
D4. If yes, please explain. Include details on timing and size changes.	Description:			
D5. **What gender do you identify with?	<input type="checkbox"/> Female	<input type="checkbox"/> A gender not singularly female or male	<input type="checkbox"/> Questioning	<input type="checkbox"/> R
	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> DK	<input type="checkbox"/> DNC
D6. **What is your date of birth?		**What is your social security number?		
D7. **What race do you identify with?	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> DK	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> White	<input type="checkbox"/> R	
	<input type="checkbox"/> Black, African American, or African		<input type="checkbox"/> DNC	
D8. **If you do not identify with one of the races I just read, what would you say your race is?				
D9. **What is your ethnicity?	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> DK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> R		

CLIENT CHOICE

Next, I would like to understand a bit about the type and location of housing you are interested in. Please note that housing is based on eligibility and openings and understand that your desired housing may not always be available. You may be offered a different location or type of housing to help you more quickly be housed.

C1. County of primary residence?			
C2. If housing in another county or the border state (MN or ND only) is available, would you be willing to move? (check all that apply)		<input type="checkbox"/> No	<input type="checkbox"/> MN Residents: Yes, another county in MN
		<input type="checkbox"/> MN Residents: Yes, ND	<input type="checkbox"/> ND Residents: Yes, another county in ND
		<input type="checkbox"/> ND Residents - Yes, MN	<input type="checkbox"/> ND residents, any county in ND
C3. If yes to another county, what three counties would you be willing to move to?			
1.	2.	3.	
C4. If you are not currently living in the city/county you want to live, do you have any connections to the area?			<input type="checkbox"/> Yes <input type="checkbox"/> No
C5. Please explain connections.			
C6. If available and offered, do you need or would you prefer housing with any of the following?			
	Need	Preferred	Notes
a. A housing unit for only persons who are formerly homeless	<input type="checkbox"/>	<input type="checkbox"/>	
b. A building with locked doors AND front desk staff	<input type="checkbox"/>	<input type="checkbox"/>	
c. A building accessible for persons with a disability	<input type="checkbox"/>	<input type="checkbox"/>	
d. Housing near a public transportation bus stop	<input type="checkbox"/>	<input type="checkbox"/>	
e. A voucher that can be used anywhere in the community – not site based	<input type="checkbox"/>	<input type="checkbox"/>	
f. Housing in a specific school district so your kids can stay enrolled	<input type="checkbox"/>	<input type="checkbox"/>	
g. Sober housing or treatment based	<input type="checkbox"/>	<input type="checkbox"/>	

ELIGIBILITY INFORMATION

Some programs in our system are targeted to serve certain populations like students, chronic homeless, or tribal members. The following questions will help determine eligibility for these programs. If eligible and offered housing, you will need to provide verification of your eligibility.

E1. ONLY ASK IF THERE ARE SCHOOL-AGED CHILDREN Is your child enrolled in school in ND or MN?							<input type="checkbox"/> Yes - ND	<input type="checkbox"/> Yes – MN	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC
E2. In which school district is your child/children enrolled?												
E3. If in MN, check if one of the following WC Minnesota School Districts												
<input type="checkbox"/> Alexandria	<input type="checkbox"/> Breckenridge	<input type="checkbox"/> DGF	<input type="checkbox"/> Frazee-Vergas	<input type="checkbox"/> Hawley	<input type="checkbox"/> Moorhead	<input type="checkbox"/> Ulen-Hitterdal						
<input type="checkbox"/> Barnesville	<input type="checkbox"/> Detroit Lakes	<input type="checkbox"/> Fergus Falls	<input type="checkbox"/> Freshwater	<input type="checkbox"/> Minnewaska	<input type="checkbox"/> Osakis	<input type="checkbox"/> Wadena-Deer Creek						
E4. What is the approximate date of your most recent episode of homelessness?												
E5. How many total months have you been homeless or doubled up, do not include time in housing including TH?												

E6. Did you leave any of these in the past 3 months?	<input type="checkbox"/> Adoptive home (from foster care) <input type="checkbox"/> Foster Home <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> County Jail <input type="checkbox"/> State or Federal Prison	<input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Drug or Alcohol Treatment <input type="checkbox"/> Combined MI/CD Treatment <input type="checkbox"/> Group Home <input type="checkbox"/> Halfway House	<input type="checkbox"/> Residence for people with physical disabilities <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E7. Prior Living Situation			
a. Literally Homeless Situation	<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway station/airport or anywhere outside) <input type="checkbox"/> Emergency shelter, including hotel/motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter <input type="checkbox"/> Safe Haven		
b. Institutional Situation	<input type="checkbox"/> Foster care home/foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	
c. Temporary or Permanent Housing Situation	<input type="checkbox"/> Residential/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying/living with friends <input type="checkbox"/> Staying/living with family <input type="checkbox"/> Transitional Housing for homeless persons <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client – ongoing housing subsidy	<input type="checkbox"/> Permanent Housing (other than RRH) for formerly homeless <input type="checkbox"/> Rental by client – GPD TIP subsidy <input type="checkbox"/> Rental by client – VASH subsidy <input type="checkbox"/> Rental by client – RRH or equivalent subsidy <input type="checkbox"/> Rental by client – HCV voucher (tenant or project based) <input type="checkbox"/> Rental by client – public housing <input type="checkbox"/> Rental by client – other ongoing housing subsidy <input type="checkbox"/> Rental by client – no ongoing housing subsidy	
d. Other	<input type="checkbox"/> Other <input type="checkbox"/> Worker unable to determine	<input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC	
E8. Length of stay in previous place	<input type="checkbox"/> 1 night <input type="checkbox"/> 2-6 nights	<input type="checkbox"/> 1 week to < 1 mo. <input type="checkbox"/> 1 mo. to < 90 days	<input type="checkbox"/> 90 days to < 1 year <input type="checkbox"/> 1 year or longer <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E9. Approximate date of most recent episode of homelessness			
E10. Regardless of where you stayed last night, how many times have you been on the streets, in emergency shelter, or Safe Haven in the past three years (including today)?	<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times	<input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E11. What is the total number of months you have been homeless on the street, in emergency shelter, or Safe Haven in the past three years?	<input type="checkbox"/> 1 month (episode w/in 1 st month) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> More than 12 <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E12. Do you have verification of past episodes of homelessness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> DK <input type="checkbox"/> R	<input type="checkbox"/> DNC
E13. If no, do you need assistance obtaining verification? (If yes and doing assessment on paper, note this at the end)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

E14. Are you Native American?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC	
E15. If yes, with which Tribe are you affiliated?	North Dakota Tribes	Minnesota Tribes					
	<input type="checkbox"/> Sisseton Wahpeton Oyate Nation <input type="checkbox"/> Spirit Lake Nation <input type="checkbox"/> Standing Rock Sioux Tribe <input type="checkbox"/> Three Affiliated – MHA Nation <input type="checkbox"/> Turtle Mountain Band of Chippewa <input type="checkbox"/> Other:	<input type="checkbox"/> Lower Sioux in MN <input type="checkbox"/> Mdewakanton Sioux Indians <input type="checkbox"/> Minnesota Chippewa Tribe <input type="checkbox"/> Prairie Island in Minnesota <input type="checkbox"/> Red Lake Band of Chippewa Indians <input type="checkbox"/> Shakopee Mdewakanton Sioux of MN <input type="checkbox"/> Upper Sioux Community					
E16.	MN TRIBES ONLY: If eligible and available, would you be interested in housing specifically for White Earth members?						
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R	<input type="checkbox"/> DNC
E17.	Did you serve on Active Duty in the U.S. military, National Guard, or Reserves?						
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R	<input type="checkbox"/> DNC
E18. What kind of discharge did you have?	<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable but not dishonorable <input type="checkbox"/> Dishonorable		<input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC				
E19. Do you have verification of your Veteran status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		
E20. If no, do you need assistance obtaining verification? (If yes and doing assessment on paper, note this at the end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		
E21. Do you have a disability? This includes any physical, mental, emotional impairment, including one caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is: expected to be of long duration, substantially impedes your ability to live independently, and could be improved with more suitable housing conditions. A developmental disability as defined by section 102 of the Developmental Disabilities Act: AIDS/HIV or a US veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition in Section 223 of the Social Security Act.							
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R	<input type="checkbox"/> DNC
E22. Have you been told by a medical professional that you have a severe mental illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		
E23. Do you require accommodations due to health or disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		
E24. If yes, list needed accommodations.							
E25. Do you have documentation of your disability? (If yes and doing assessment on paper, note this at the end)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		
E26. Have you or your child(ren) living with you experienced any violence (dating, domestic, sexual assault, stalking) or other dangerous or threatening conditions that took place at your primary nighttime residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC		

E27. If yes, when did this experience occur?	<input type="checkbox"/> Currently fleeing <input type="checkbox"/> Within the past 3 months <input type="checkbox"/> 3 months to 6 months ago (but not 6 months) <input type="checkbox"/> 6 months to 1 year ago (but not 1 year exactly)	<input type="checkbox"/> One year ago or more <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E28. In the past 6 months, where have you (or your family) most frequently slept?	<input type="checkbox"/> Car, outside, or other place not meant for habitation <input type="checkbox"/> Emergency shelter, including hotel/motel paid w/ voucher <input type="checkbox"/> Hotel/motel paid for by family/household <input type="checkbox"/> Home owned by you <input type="checkbox"/> Rental where you were on the lease with NO assistance <input type="checkbox"/> Rental where you were on the lease, with voucher/subsidy <input type="checkbox"/> Staying/living in a family's or friend's room, apartment, or house <input type="checkbox"/> Domestic violence or safe harbor shelter or program <input type="checkbox"/> Homeless transitional or permanent housing program	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential medical facility <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Mental health facility <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> DK <input type="checkbox"/> R <input type="checkbox"/> DNC
E29. * Is the client Chronically Homeless? <u>DO NOT ASK</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
E30. * Extent of Homelessness <u>DO NOT ASK</u>	<input type="checkbox"/> Not currently homeless <input type="checkbox"/> Multiple times homeless, but NOT meeting LTH definition <input type="checkbox"/> 1 st time homeless and less than 1 year without home <input type="checkbox"/> Long term: At least 1 year OR at least 4 times in the past 3 years	

PRIORITIZATION

Now I am going to ask you some questions to assess some of the obstacles and challenges you may have in finding or maintaining housing. These questions will be yes/no questions, multiply choice, or questions on frequency. You do not need to go into any detail or explain your answers. If you are unsure on how to answer, or want me to repeat or clarify a question, please let me know. I can help you try to determine which answer best fits your situation. The more honest you are the better we can help you. Before we proceed, I want to remind you that the questions are intended to help identify any obstacles you may have to finding and maintaining housing, not to judge you. Now, let's get started.

P1. In the past 12 months, how many times have you had to move or find a different place to stay because you felt unsafe or someone living with you asked you to leave? This could also mean being evicted from an apartment or shelter.								
<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> 4-6 times	<input type="checkbox"/> over 6 times	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC
P2. When did you last reside in housing that you leased or owned? This includes being a signee on a lease or mortgage or a dependent or roommate of someone who was on the lease or mortgage. This does not include being a short-term guest.								
<input type="checkbox"/> 2 months or less		<input type="checkbox"/> 6-9 months		<input type="checkbox"/> 1-2 years		<input type="checkbox"/> Never		<input type="checkbox"/> DNC
<input type="checkbox"/> 3-5 months		<input type="checkbox"/> 10-12 months		<input type="checkbox"/> Over 2 years		<input type="checkbox"/> DK		<input type="checkbox"/> R
P3. In the past 24 months, how many times have you had to stay in an unsafe or distressing place due to having nowhere else to go? This may include having to exchange sex for housing, staying where people are abusing alcohol or drugs, staying outside, staying with someone who is threatening or abusing you or a household member, being forced to stay somewhere against your will, or similar.								
<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times	<input type="checkbox"/> 3 times	<input type="checkbox"/> 4-6 times	<input type="checkbox"/> over 6 times	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC
P4. In the past 12 months, how many times have you used emergency services? This includes using an emergency room, ambulance, or hospital; witnessing, reporting or being a victim of a crime, being attacked, using crisis mental health or substance abuse services; or staying one or more nights in a holding cell, jail, or prison?								
<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 3-5 times	<input type="checkbox"/> Over 5 times	<input type="checkbox"/> DK	<input type="checkbox"/> R	<input type="checkbox"/> DNC	
P5. Do you feel your mental or physical health, or that of another member of your household, has prevented you from being able to search for, find, or keep housing? This could include having anxiety, paranoia, depression, chronic health conditions, or other health condition that makes it difficult to keep employment, fill out paperwork needed to pay bills, look for housing on your own, or care for your housing.								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R		<input type="checkbox"/> DNC
P6. Have you, your family, friends, or service providers, ever had concerns about your memory, thinking, or ability to make decisions? This may include difficulty making decisions, inability to remember things, feeling like your mind is clouded, things are confusing or unclear.								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R		<input type="checkbox"/> DNC
P7. Has your, or a household member's use of alcohol, prescription, or illegal drugs caused you to lose housing or be rejected or denied approval for housing?								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R		<input type="checkbox"/> DNC
P8. Have you ever been rejected or denied housing because of your, or a member of your household's, past rental, legal, or criminal history or because of rent owed?								
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> DK		<input type="checkbox"/> R		<input type="checkbox"/> DNC

HOUSEHOLD DEMOGRAPHICS

Next, I will ask you about other household members who will be staying with you at least 51% of the time if you are offered housing.

NOTE: Information should be prepopulated from a previous HMIS intake. If prepopulated, review/confirm the questions that have a single asterisk (). Questions with a double asterisk (**) should not need to be reviewed or confirmed.*

*Person #2 Name						**Date of Birth			
**Relationship	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Other relation	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
	<input type="checkbox"/> Child	<input type="checkbox"/> Other non-relation	<input type="checkbox"/> R						
**Gender	<input type="checkbox"/> Female	<input type="checkbox"/> A gender not singularly female or male	<input type="checkbox"/> Questioning		<input type="checkbox"/> R				
	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
**Race	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> DK				
	<input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> White		<input type="checkbox"/> R				
	<input type="checkbox"/> Black, African American, or African				<input type="checkbox"/> DNC				
**Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> DK	<input type="checkbox"/> DNC		**Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> DK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> R				<input type="checkbox"/> No	<input type="checkbox"/> R		
*Person #3 Name						**Date of Birth			
**Relationship	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Other relation	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
	<input type="checkbox"/> Child	<input type="checkbox"/> Other non-relation	<input type="checkbox"/> R						
**Gender	<input type="checkbox"/> Female	<input type="checkbox"/> A gender not singularly female or male	<input type="checkbox"/> Questioning		<input type="checkbox"/> R				
	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
**Race	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> DK				
	<input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> White		<input type="checkbox"/> R				
	<input type="checkbox"/> Black, African American, or African				<input type="checkbox"/> DNC				
**Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> DK	<input type="checkbox"/> DNC		**Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> DK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> R				<input type="checkbox"/> No	<input type="checkbox"/> R		
*Person #4 Name						**Date of Birth			
**Relationship	<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Other relation	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
	<input type="checkbox"/> Child	<input type="checkbox"/> Other non-relation	<input type="checkbox"/> R						
**Gender	<input type="checkbox"/> Female	<input type="checkbox"/> A gender not singularly female or male	<input type="checkbox"/> Questioning		<input type="checkbox"/> R				
	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> DK		<input type="checkbox"/> DNC				
**Race	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous		<input type="checkbox"/> Native Hawaiian or Pacific Islander		<input type="checkbox"/> DK				
	<input type="checkbox"/> Asian or Asian American		<input type="checkbox"/> White		<input type="checkbox"/> R				
	<input type="checkbox"/> Black, African American, or African				<input type="checkbox"/> DNC				
**Ethnicity	<input type="checkbox"/> Non-Hispanic/Non-Latin(a)(o)(x)	<input type="checkbox"/> DK	<input type="checkbox"/> DNC		**Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> DK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Hispanic/Latin(a)(o)(x)	<input type="checkbox"/> R				<input type="checkbox"/> No	<input type="checkbox"/> R		

CONTACT INFORMATION

This is the last set of questions for you today. I will be asking the best way to safely contact you if you are eligible and housing becomes available.					
What is the best address/location?					
Phone #?		Is it ok to text and leave a detailed message?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Email address?		Do you have a social media account that you could receive messages? These would come from my agency or work account?	<input type="checkbox"/> Facebook <input type="checkbox"/> Other		
If we are not able to get a hold of you at those locations, will you provide the name of a couple other family members or friends where we can possibly contact you?					
Name	Relationship	Phone	Email	Notes	
Would you also be willing to share the names and agencies of any case workers/providers you are working with? Providers who could help verify your eligibility or who could help us contact you if we are unable to reach you.					
Provider Type	Agency	Worker	Phone	Email	Notes

REFERRALS

Please provide household with a HOUSING ASSESSMENT RECEIPT and assess for documentation needs below.

As I mentioned earlier, housing programs have eligibility requirements that they need to verify prior to providing housing. I recognize that these requirements can be confusing and overwhelming. I will read a list of the most common. Let me know if you have the documentation to show your eligibility or if you would like help getting it.	Criteria	Have it?	Uploaded	Want help getting it?
	Social Security Card			
	Veteran Status			
	Disability Status			
	Extent of homelessness*			
	Photo ID			
* Extent of homelessness documentation must show: <ul style="list-style-type: none"> Homeless Categories LTH/CH needs: Households must have 1 year of continuous homelessness or a combined total of 12 months of homelessness from 4 distinct episodes in the past 3 years. 	HUD Homeless Status Documentation Criteria	If they have it, request a copy of the documentation and upload it into HMIS.	If they need help, provide assistance or connect with access navigator or other services to help acquire documentation.	

Thank you for your time! (Enter assessment within 24 hours!)

Assessment Outcome:

Referrals Made: Please list	<input type="checkbox"/> Follow-up Case Management <input type="checkbox"/> Street Outreach <input type="checkbox"/> Housing Navigation <input type="checkbox"/> Non-CoC services – ineligible <input type="checkbox"/> Non-CoC services – no services <input type="checkbox"/> Shelter <input type="checkbox"/> Other emergency assistance/flex fund/furniture assistance <input type="checkbox"/> Emergency Housing Voucher <input type="checkbox"/> Housing Stability Voucher
Prioritization Status	<input type="checkbox"/> Placed on Priority List <input type="checkbox"/> Not placed on priority list
Status details: Date if placed on list or reason not placed on the list.	
Other notes: Please include any information or knowledge you have that further clarifies or contradicts answers given during the assessment.	
CARES referral result	<input type="checkbox"/> Successful referral <input type="checkbox"/> Unsuccessful referral
If successful, outcome	<input type="checkbox"/> Transitional Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Transitional-Rapid Rehousing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other Permanent Housing