

# HOUSING PRIORITIZATION TOOL

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

January 2024



## 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):

CDK = Client Doesn't Know, PNTA = Prefers Not To Answer, DNC = Data Not Collected






## 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 (Head of Household (HoH))		<input type="checkbox"/> HoH's spouse/partner		<input type="checkbox"/> Other: nonrelation member
	<input type="checkbox"/> HoH's child		<input type="checkbox"/> HoH's other relation member		<input type="checkbox"/> DNC

## 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 Prioritization 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 Homeless Management Information System (HMIS) and CARES Release of Information (ROI) forms were 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.**

Head of Household Name: \_\_\_\_\_

<b>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 the housing situation could have changed since the initial entry into the system. If you know the current situation, you do not need to ask the question but DO NOT assume.</b>				
<b>Literally Homeless Situations</b>	<b>Institutional Situations</b>	<b>Temporary Housing Situations</b>	<b>Permanent Housing Situations</b>	<b>Other Situations</b>
<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"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Staying or living in a family member's room, apartment or house 	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client with 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 prefers not to answer <input type="checkbox"/> Data not collected 
Skip Questions A-E.	Continue to Question A.	Continue to Question A.	Continue to Question A.	Skip Questions A-E.
<b>A. Are you going to have to leave your current living situation within 14 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC				
<i>If "Yes" to question A, please answer questions B-E.</i>				
<b>B. Do you have another safe place to stay identified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC				
<b>C. Do you have resources or support networks to obtain other permanent housing? (If yes, end assessment and read END ASSESSMENT script.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC				
<b>D. Have you leased or owned housing in the last 60 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC				
<b>E. Have you moved 2 or more times in the last 60 days?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC				
<b>Do you have verification of your current living situation?</b>		<input type="checkbox"/> Yes – Homeless <input type="checkbox"/> Yes – LTH <input type="checkbox"/> Yes - CH <input type="checkbox"/> No <input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC		
<b>If no, do you need assistance obtaining verification? (If doing assessment on paper, note this at the end.)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

Head of Household Name: \_\_\_\_\_

**END ASSESSMENT:** Thank you. You are not currently eligible for CARES housing assistance based on your answers. I want to refer you to other services that may help you further stabilize in housing. *With the household's permission, connect the 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 questions are looking for yes/no answers and do not require you to provide 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. No one will be upset with you if you do not answer a question. 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**

<b>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 help further determine your eligibility and best match you with housing based on your needs and choices."</b>	
<b>Do I have your permission to share your data in HMIS?</b>	
<input type="checkbox"/> Yes – say <b>“thank you”</b> and proceed with the assessment	
<input type="checkbox"/> No - say, <b>“Since you are not willing to share your information in HMIS, your information will be placed in our alternative database.”</b>	

**DEMOGRAPHICS**

<b>First, I will ask for some basic information about you that is required for all programs. NOTE: Information should be prepopulated from a previous HMIS intake. Review/confirm the questions with a single asterisk (*) if prepopulated. Questions with a double asterisk (**) need not be reviewed or confirmed.</b>				
<b>D1. *What is your household type?</b>	<input type="checkbox"/> Family	<input type="checkbox"/> Single	<input type="checkbox"/> Youth – Family	<input type="checkbox"/> Youth - Single
<b>D2. *What is your household size?</b>	Total # of Persons:	Total # of Adults:	Total # of Children:	
<b>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?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> No	<input type="checkbox"/> PNTA		
<b>a. If yes, please explain. Include details on timing and size changes.</b>				
<b>D4. **What gender do you identify with? (Check all that apply)</b>	<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Different Identity	<input type="checkbox"/> PNTA
	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC
	<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Questioning		
<b>a. **If you selected Different Identity, please identify your gender.</b>				
<b>D5. **What is your date of birth?</b>	<b>D6. **What is your social security number?</b>			
<b>D7. **What race do you identify with? (Check all that apply)</b>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> CDK	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> PNTA	
	<input type="checkbox"/> Black, African American or African	<input type="checkbox"/> White	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Hispanic/Latina/e/o			
<b>a. **If you do not identify with one of the races or ethnicities I just read, what would you say your race or ethnicity is?</b>				

Head of Household Name: \_\_\_\_\_

**CLIENT CHOICE**

<p><b>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.</b></p>					
<p><b>C1. County of primary residence?</b></p>					
<p><b>C2. Would you be willing to move if housing in another county or the border state (MN or ND only) is available? (Check all that apply)</b></p>		<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		
<p><b>C3. What three regions/counties would you like to live in?</b></p>					
1.		2.		3.	
<p><b>C4. If you are not currently living in the city/county where you want to live, do you have any connections to the area?</b></p>				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>a. Please explain the connections.</b></p>					
<p><b>C5. If available and offered, do you need or would you prefer housing with any of the following?</b></p>					
		<b>Need</b>	<b>Preferred</b>	<b>Notes</b>	
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"/>		

Head of Household Name: \_\_\_\_\_

**ELIGIBILITY INFORMATION**

<b>Some programs in our system are targeted to serve certain populations like students, chronically 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.</b>													
<b>E1.</b>	<b>ONLY ASK IF THERE ARE SCHOOL-AGED CHILDREN Is your child enrolled in school in ND or MN?</b>	<input type="checkbox"/> Yes - ND	<input type="checkbox"/> Yes – MN	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC						
<b>a.</b>	<b>If in ND, which school district is your child/children enrolled?</b>												
<b>b.</b>	<b>If in MN, check if in one of the following WC Minnesota School Districts.</b>												
<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
<b>E2.</b>	<b>What is the approximate date of your most recent episode of homelessness?</b>												
<b>E3.</b>	<b>How many total months have you been homeless or doubled up, do not include time in institutionalization, incarceration, or housing including TH?</b>												
<b>E4.</b>	<b>Did you leave any of these in the past 3 months?</b>	<input type="checkbox"/> Adoptive home (from foster care)	<input type="checkbox"/> Mental Health Treatment or Hospital	<input type="checkbox"/> Residence for people with physical disabilities									
		<input type="checkbox"/> Foster Home (youth only)	<input type="checkbox"/> Drug or Alcohol Treatment Facility	<input type="checkbox"/> CDK									
		<input type="checkbox"/> Juvenile Detention Center	<input type="checkbox"/> Combined MI/CD Treatment Facility	<input type="checkbox"/> PNTA									
		<input type="checkbox"/> County Jail or Workhouse	<input type="checkbox"/> Group Home	<input type="checkbox"/> DNC									
		<input type="checkbox"/> State or Federal Prison	<input type="checkbox"/> Halfway House										
<b>E5.</b>	<b>Prior Living Situation</b>												
<b>a.</b>	<b>Literally Homeless Situation</b>	<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>b.</b>	<b>Institutional Situation</b>	<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									
<b>c.</b>	<b>Temporary Housing Situation</b>	<input type="checkbox"/> Transitional Housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend’s room, apartment or house <input type="checkbox"/> Staying or living in a family member’s room, apartment or house											
<b>d.</b>	<b>Permanent Housing Situation</b>	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy		<input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy									
<b>e.</b>	<b>Other</b>	<input type="checkbox"/> CDK		<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC							
<b>E6.</b>	<b>Length of stay in prior living situation</b>	<input type="checkbox"/> 1 night	<input type="checkbox"/> 1 week to < 1 mo.	<input type="checkbox"/> 90 days to < 1 year	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC							
		<input type="checkbox"/> 2-6 nights	<input type="checkbox"/> 1 mo. to < 90 days	<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> PNTA								

Head of Household Name: \_\_\_\_\_

<b>E7. Approximate date of most recent episode of homelessness</b>										
<b>E8. 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)?</b>		<input type="checkbox"/> 1 time	<input type="checkbox"/> 3 times	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC					
		<input type="checkbox"/> 2 times	<input type="checkbox"/> 4 or more times	<input type="checkbox"/> PNTA						
<b>E9. 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?</b>		<input type="checkbox"/> 1 month (episode w/in 1 <sup>st</sup> month)	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> More than 12					
		<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> CDK					
		<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> PNTA					
		<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> DNC					
<b>E10. Do you have verification of past episodes of homelessness?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>a. If no, do you need assistance obtaining verification? (If yes and doing assessment on paper, note this at the end)</b>						<input type="checkbox"/> Yes	<input type="checkbox"/> No			
<b>E11. Are you Native American?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>a. If yes, with which Tribe are you affiliated?</b>		<b>North Dakota Tribes</b>			<b>Minnesota Tribes</b>					
		<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					
<b>b. MN TRIBES ONLY: If eligible and available, would you be interested in housing specifically for White Earth members?</b>										
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>E12. Did you serve on Active Duty in the U.S. military, National Guard, or Reserves?</b>										
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>a. If yes, what kind of discharge did you have?</b>		<input type="checkbox"/> Honorable or under honorable conditions <input type="checkbox"/> Other than honorable but not dishonorable <input type="checkbox"/> Dishonorable		<input type="checkbox"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC						
<b>b. Do you have verification of your Veteran status?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>c. If no, do you need assistance obtaining verification? (If yes and doing assessment on paper, note this at the end)</b>						<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC
<b>E13. Do you have a disabling condition? 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.</b>										
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				
<b>a. Have you been told by a medical professional that you have a severe mental illness?</b>										
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC				

Head of Household Name: \_\_\_\_\_

<b>b. Do you require accommodations due to health or disability?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC	
<b>c. If yes, list needed accommodations.</b>							
<b>d. Do you have documentation of your disability? (If yes and doing assessment on paper, note this at the end)</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC	
<b>E14. 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?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC	
<b>a. If yes, when did this experience occur?</b>		<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"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC			
<b>E15. In the past 6 months, where have you (or your family) most frequently slept?</b>		<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"/> CDK <input type="checkbox"/> PNTA <input type="checkbox"/> DNC			
<b>E16. * Is the client chronically homeless? DO NOT ASK.</b>		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
<b>E17. * Extent of Homelessness DO NOT ASK</b>		<input type="checkbox"/> Not currently homeless <input type="checkbox"/> 1 <sup>st</sup> time homeless and less than 1 year without home <input type="checkbox"/> Multiple times homeless, but NOT meeting LTH definition <input type="checkbox"/> Long term: At least 1 year OR at least 4 times in the past 3 years					

Head of Household Name: \_\_\_\_\_

## 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.

<b>P1. How many times have you had to move in the past year? Reasons like a lease violation, fear for your safety, a landlord not making repairs, verbal or physical fights with people you lived with or neighbors, not paying rent or utilities, loss of income/employment, death of someone you lived with).</b>							
<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2 times	<input type="checkbox"/> 3-4 times	<input type="checkbox"/> more than 4 times	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC
<b>P2. When was the last time you leased or owned housing? Some examples may include 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.</b>							
<input type="checkbox"/> 2 months or less	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 7-9 months	<input type="checkbox"/> 10-12 months	<input type="checkbox"/> more than 1 year	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC
<b>P3. In the past 24 months, how many total months 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 outside, staying with an abuser, being forced to stay somewhere against your will, staying where people are using alcohol or drugs when you are trying to remain sober, or other housing situations that may have caused you anxiety or where you felt unsafe.</b>							
<input type="checkbox"/> 2 months or less	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> 7-9 months	<input type="checkbox"/> 10-12 months	<input type="checkbox"/> More than 1 year	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC
<b>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?</b>							
<input type="checkbox"/> None	<input type="checkbox"/> 1 time	<input type="checkbox"/> 2-3 times	<input type="checkbox"/> 4-5 times	<input type="checkbox"/> over 5 times	<input type="checkbox"/> CDK	<input type="checkbox"/> PNTA	<input type="checkbox"/> DNC
<b>P5. Do you feel your mental or physical health, or that of another member of your household affects your ability to search for, find, secure, or keep housing? (Only read if necessary. A few examples are having anxiety, paranoia, or depression, or other chronic health conditions; not being healthy enough to keep employment or fill out paperwork needed to pay bills; or not being able to look for housing on your own, chronic health conditions that affect your ability to search or care for your housing.)</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC
<b>P6. Do you, your family, friends, or service providers, have 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.</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC
<b>P7. In the past 24 months, has your, or a household members, use of alcohol, prescription or illegal drugs affected your ability to find, maintain, or keep housing? (Including getting evicted or being asked to leave housing.)</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC
<b>P8. Do you or would you have difficulty being approved for housing because of your or a family member's rental history or rent owed?</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC
<b>P9. Do you or would you have difficulty being approved for housing because of your or a family member's legal or criminal history?</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC
<b>P10. Have you had difficulty getting into housing or have been asked to leave housing because of gender identity, race, ethnicity, victim status, or sexual orientation?</b>							
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> CDK			<input type="checkbox"/> PNTA		<input type="checkbox"/> DNC



Head of Household Name: \_\_\_\_\_

## HOUSEHOLD DEMOGRAPHICS

<b>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.</b> <i>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.</i>					
<b>*Person #2 Name</b>				<b>**Date of Birth</b>	
<b>**Relationship</b>	<input type="checkbox"/> HoH's Spouse/partner	<input type="checkbox"/> HoH's Other relation member	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> HoH's Child	<input type="checkbox"/> Other: non-relation member	<input type="checkbox"/> PNTA		
<b>**Gender</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> PNTA
	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC
<b>**If Different Identity selected, please identify a gender.</b>					
<b>**Race</b> <i>(Check all that apply)</i>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> White	<input type="checkbox"/> PNTA	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Black, African American or African	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<b>**If one of the races or ethnicities is not identified, please identify a race or ethnicity.</b>					
<b>*Person #3 Name</b>				<b>**Date of Birth</b>	
<b>**Relationship</b>	<input type="checkbox"/> HoH's Spouse/partner	<input type="checkbox"/> HoH's Other relation member	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> HoH's Child	<input type="checkbox"/> Other: non-relation member	<input type="checkbox"/> PNTA		
<b>**Gender</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> PNTA
	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC
<b>**If Different Identity selected, please identify a gender.</b>					
<b>**Race</b> <i>(Check all that apply)</i>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> White	<input type="checkbox"/> PNTA	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Black, African American or African	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<b>**If one of the races or ethnicities is not identified, please identify a race or ethnicity.</b>					
<b>*Person #4 Name</b>				<b>**Date of Birth</b>	
<b>**Relationship</b>	<input type="checkbox"/> HoH's Spouse/partner	<input type="checkbox"/> HoH's Other relation member	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> HoH's Child	<input type="checkbox"/> Other: non-relation member	<input type="checkbox"/> PNTA		
<b>**Gender</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Different Identity	<input type="checkbox"/> PNTA
	<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Transgender	<input type="checkbox"/> Questioning	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC
<b>**If Different Identity selected, please identify a gender.</b>					
<b>**Race</b> <i>(Check all that apply)</i>	<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Hispanic/Latina/e/o	<input type="checkbox"/> White	<input type="checkbox"/> PNTA	
	<input type="checkbox"/> Asian or Asian American	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> CDK	<input type="checkbox"/> DNC	
	<input type="checkbox"/> Black, African American or African	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<b>**If one of the races or ethnicities is not identified, please identify a race or ethnicity.</b>					

Head of Household Name: \_\_\_\_\_

**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?**  Yes  No

**Email address?** \_\_\_\_\_

**Do you have a social media account that you could receive messages? These would come from my agency or work account?**  Facebook  Instagram  Snapchat  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 (i.e., agency staff, school counselor/liaison, etc.) you are working with or have regular contact 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

Head of Household Name: \_\_\_\_\_

## 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Veteran Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Disability Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Extent of homelessness*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Photo ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* Extent of homelessness documentation must show: <ul style="list-style-type: none"> <li>• <a href="#">HUD's Four Categories of Homelessness</a></li> <li>• 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.</li> </ul>	<a href="#">HUD Homeless Status Documentation Criteria</a>	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.	
<b>Thank you for your time! (Enter assessment within 24 hours!)</b>				

## ASSESSMENT OUTCOME

<b>Referrals Made: Please list</b>	<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 <input type="checkbox"/> Other
<b>Prioritization Status</b>	<input type="checkbox"/> Placed on Priority List	<input type="checkbox"/> Not placed on priority list
<b>Status details: Date if placed on list or reason not placed on the list.</b>		
<b>Other notes: Please include any information or knowledge you have that further clarifies or contradicts answers given during the assessment.</b>		
<b>CARES referral result</b>	<input type="checkbox"/> Successful referral	<input type="checkbox"/> Unsuccessful referral
<b>If successful, what was the outcome?</b>	<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