Housing Assessment

Name: DOB:

Contact Information: Enrollment Date:

Personal Information:

Contact Information:

How can we best contact you?

If we can't find you in one of those ways, what else can we try (ex. Call my buddy Chad, check the food shelf, don't call me at work, slide a note under my motel door…)

Housing Preferences and Priorities:

What is your preferred community or location for housing?

Can you describe your ideal apartment/living situation?(bus route, proximity to providers, mobility access, etc)

Who are your household members? (names, ages, relationship to Participant)

Do you have any animals? Are they registered ESP or Service animals?

Where have you lived previously?

Do you have any housing applications already submitted that we should check on?

Financial Information:

How do you pay for ongoing living expenses? Employment? SSI/SSDI? Food stamps?

Would you like to explore accessing other benefits?

Would you like to explore increasing employment or education?

Documentation Requirements:

Eligible for subsidy? If so, what have you applied for? Is the disability of cert completed?

Do you need assistance with collecting the necessary documents to apply for a subsidy? (e.g., ID, birth certificates, social security cards) (get photo copies of documents):

Strengths and Resources:

What experience(s) have you had with renting?

Who is in your support network?

Potential barriers:

Have you ever been evicted? If so, when?

Do you have bad credit or outstanding debts/rent payments owed? If so, to who and how much?

Bad reputation with landlord?

Limited rental history?

Health information:

Do you have any known health concerns that may affect your day to day life? (asthma, high blood pressure, etc.)

Do you identify with having a mental health diagnosis? If so, how does that affect you?

Are there medications you take to help you manage the symptoms of the MH diagnosis?

Do you know what it feels like when you haven't taken medications recently? Or what it feels like if the medication does not seem to be working?

Do you currently or have you used recreational substances? If so, can you share what your preferred substances and the method in which you use(d) them?

What strategies do you use to staff safe while using substances?

Are there things you can think of that may negatively impact your housing? (Disagreement with a loved one that may make it hard for you to manage your emotions/feeling when speaking with others? Unexpected expense that is causing stress?)

Once Housed, Potential Obstacles to Remaining Housed:

Once housed, do you anticipate experiencing anything that may make maintaining housing difficult? Such as reviewing mail regularly, communicating with landlords, managing SUD/MH, budgeting, etc.

Access to Essential Services:

1. Food security: Food stamps?

2. Toiletries/personal care needs:

3. Healthcare access: PCP? MH provider? SUD?

4. Transportation availability: SSTA?

5. Natural supports (e.g., family, friends):

6. Childcare/day care:

7. Meaningful activities (e.g., hobbies, community involvement):

8. Legal needs/concerns (DV/safety):

9. Debt:

10. Finances (benefits, employment, training)

Additional Comments:

Any other information relevant to housing search and tenancy?

Emergency Contact:

Service Provider Name:

Date: