## **Administration: Assessor Information**

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Last Name:** | **Survey Date:** |
| **Agency:** | | **Survey Time:** |
| **Email:** | | **Survey Location:** |

**Supplement:**

**Client & Household Information**

|  |  |
| --- | --- |
| First Name: |  |
| Nickname (s): |  |
| Last Name: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Relationship to Head of Household | | Self (Head of Household)  Other | | | | |
| What gender do you identify with? | Female  Male  Trans Female (MTF or Male to Female)  Trans Male (FTM or Female to Male) | | | Gender Non-Conforming (i.e. not exclusively male or female)  Client doesn’t know  Client refused  Data not Collected | |
| Date of Birth | Day     / Month     / Year | | |  | |
| Race  (may select more than one) | American Indian or Alaska Native (HUD)  Asian (HUD)  Black or African American (HUD)  Native Hawaiian or Other Pacific Islander (HUD)  White (HUD)  Client doesn’t know  Client refused  Data not collected | | | | |
| Ethnicity | Non-Hispanic/Latino (HUD)  Hispanic/Latino (HUD)  Client doesn’t know  Client refused  Data not collected | | | | |
| Household Type | Family  Single  Youth – Family  Youth -Single | | | | |
| Household Size | Total # of Persons | | Total # of Adults | | Total # children |
| Are you pregnant? | Yes  Client Refused  No  Data Not collected  Client doesn’t know | | | | |

**Eligibility Information:**

Please do a housing summary

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Assessing MN Long Term Homelessness** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extent of Homelessness by Minnesota’s Definition | | | | Not currently homeless  1st time homeless and less than 1 year without home  Multiple times homeless, but NOT meeting LTH definition  Long term: At least 1 year OR at least 4 times in past 3 years. | | | | | | | | | | | | | | | | | | | | | | | |
| Approximate Date of Most Recent Episode of Homelessness (MN)? | | | | | | | | | | | | | | | | | Day     /Month     /Year | | | | | | | | | | |
| Total # of months homeless or doubled up? (do not include time in TH or other housing) | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **Assessing Chronic Homelessness (HUD)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the client leave any of the places listed in the last 3 months before project start date? | | | | | Adoptive home (from foster care)  Foster Home  Juvenile Detention Center  County Jail  State or Federal Prison  Mental Health Treatment  Drug or Alcohol Treatment | | | | | | | | | | | | | Combined MI/CD treatment  Group Home  Halfway House  Residence for people with physical disabilities  Client doesn’t know  Client Refused | | | | | | | | | |
| Prior Living Situation | | | | | Place not meant for habitation  Emergency shelter, including hotel/motel paid w/ voucher  Safe Haven  Interim Housing/Bridge Housing  *Foster care home or foster care group home*  *Hospital or other residential non-psychiatric medial facility*  *Jail, prison or juvenile detention facility*  *Long-term care facility or nursing home*  *Psychiatric hospital or other psychiatric facility*  *Substance abuse treatment facility or detox center*  Hotel/motel paid for w/out emergency shelter voucher  Owned by client, no ongoing housing subsidy  Owned by client, w/ ongoing housing subsidy  Permanent housing for formerly homeless  Rental by client, no ongoing housing subsidy  Rental by client, with VASH subsidy  Rental by client, with GPD TIP subsidy  Rental by client, with other ongoing housing subsidy  Residential project or halfway house with no homeless criteria  Staying or living in a family member’s room, apartment or house  Staying or living in a friend’s room, apartment or house  Transitional housing for homeless persons (including homeless youth)  Don’t know | | | | | | | | | | | | | | | | | | | | | | |
| Length of Stay in Previous Place | One night or less  Two to six nights  Over 1 week to under a month | | | | | | | | | | | | | | 1 month to 90 days  90 days to one year  One year or longer | | | | | | | | | | Don’t know  Refused | | |
| Did you stay less than 90 days? | Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Approximate Date of Most Recent Episode of Homelessness (HUD)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Regardless of where they stayed last night – Number of times the client has been on the streets, in ES, or SH in the past three years, including today | | | | | One time  Two Times  Three times  Four or more times  Client doesn’t know  Client refused  Data not collected | | | | | | | | | | | | | | | | | | | | | | |
| Total number of months homeless on the street, in ES or SH in the past 3 years. | | | | | 1 month (this episode w/in 1st month)  2  3  4  5  6  7  8  9 | | | | | | | | | | | | 10  11  12  More than 12 months  Client doesn’t know  Client refused  Data not collected | | | | | | | | | | |
| **Veteran Status** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you serve on Active Duty, or in the National Guard or Reserves? | | | No  Yes, Active Duty (regardless of Guard/Reserve answer)  Yes, National Guard | | | | | | | | | | | | | | | | | | | Yes, Reserves  Guard & Reserves  Don’t know  Refused | | | | | |
| What kind of discharge did you have? | Honorable or under honorable conditions  Other than honorable but not dishonorable  Dishonorable | | | | | | | | | | | | | | | | | | | | | Client doesn’t know  Client refused  N/A | | | | | |
| Have you been referred to the Homeless Veteran Registry? | | | | | | | | Yes  No | | | | | | | | | | | | | | | | | | | |
| If the client has not been referred to the Homeless Veteran Registry, take a moment and offer to complete the release of information/application form with them. More information can be found at https://mn.gov/mdva/ or by calling 1-888-LinkVet (546-5838). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tribal Membership** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you Native American? | | | | | | Yes | | | No | | | | | | | | | | | | | | | | | | |
| If yes, with which Tribe are you affiliated? | | | | | Lower Sioux in MN  Mdewakanton Sioux Indians  Minnesota Chippewa Tribe  Prairie Island in Minnesota | | | | | | | | | Red Lake Band of Chippewa Indians  Shakopee Mdewakanton Sioux of MN  Upper Sioux Community  Other: | | | | | | | | | | | | | |
| **Disability Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a disability of long duration?  (Collect Household Disability Information) | | | | | | | | | | | Yes | | | No | | | | | Don’t Know | | | | | | | Refused | |
| Have you been told by a medical professional that you have a severe mental illness? | | | | | | | | | | | | | Yes | | | No | | | | Don’t Know | | | | | | | Refused |
| Is the disability documented? | | | | | | | Yes | | | | | | | | | | No | | | | | | | | | | |
| What accommodations do you require for housing due to health/disability? | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Medical Conditions Central CoC Assessors ONLY** Do you have any of the following underlying medical conditions: Cancer; Chronic kidney disease; COPD; Weakened immune system; Obesity; Serious heart condition; Sickle cell disease; or Type 2 diabetes mellitus? | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | --- | --- | | Yes | No | | | | |
| **Domestic Violence** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? | | | | | | | | | | | | | | | | | | | | | Yes | | | | No | | |
| **Living Situation** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many times have you moved in the past year? Enter value 0-10 | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| Client Location | | MN-500 Hennepin  MN-501 Ramsey  MN-502 Southeast  MN-503 SMAC | | | | | | | | | | MN-504 Northeast  MN-505 Central  MN-506 Northwest | | | | | | | | | | | MN-508 West Central  MN-509 St Louis  MN-511 Southwest | | | | |
| County where resides | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| County of (current) Primary Residence? | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

**Client Choice**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing to live anywhere in the state? | | | |  | | | |
| West Central ONLY: Are you willing to live in North Dakota? | | | |  | | | |
| Client Preference County 1-3 | | | | 1. | | | |
|  | | | | 2. | | | |
|  | | | | 3 | | | |
| If you are not currently living in the city/county you want to live, do you have any connections to the area? | | | | | | Yes | No |
| Please explain connections: |  | | | | | | |
| Please note if you have a need or a preference for each of the following. | | Need | Preferred | | Notes | | |
| Cultural or population specific housing (tribal, HIV/AIDS, LBGT) | |  |  | |  | | |
| Fixed Site | |  |  | |  | | |
| Housing and Supports | |  |  | |  | | |
| Have a Front Desk | |  |  | |  | | |
| Mobility/Access | |  |  | |  | | |
| Access to public transportation | |  |  | |  | | |
| Safety | |  |  | |  | | |
| Scattered Site | |  |  | |  | | |
| Stay enrolled in same school district | |  |  | |  | | |
| Sober Housing/Treatment based | |  |  | |  | | |

**Follow-Up Questions**

|  |  |  |
| --- | --- | --- |
| On a regular day, where is it easiest to find you and what time of day is easiest to do so? | Place |  |
| Time |  |
| Is there a phone number and/or email where someone can safely get in touch with you or leave you a message? | Phone |  |
| Email |  |

**Contact Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name | Relationship | Phone | Email | Notes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Current Case Workers/Providers that you are working with:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PROVIDER TYPE | AGENCY | WORKER | EMAIL | PHONE | NOTES |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Opening Script**

Hello, my name is [interviewer name] and I work for [organization name].

*To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but only require yes or no answers. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you ask, I can clarify or 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 services. 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.*

## **Basic Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: |  | | | | | |
| Nickname: |  | | | | | |
| Last Name: |  | | | | | |
| In what Language do you feel best able to express yourself? | |  | | | | |
| Date of birth: |  | | Age: | |  | |
| SSN: |  | | | | | |
| Consent to participate: | Yes No | | | | | |
| **IS THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.** | | | | Yes No | | SCORE |
|  |

## **A. History of Housing and Homelessness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Where do you sleep most frequently? (check one) | Shelters Transitional Housing  Safe Haven  OutdoorsOther (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Refused | | | |
| If the person answers anything other than “shelter”, “transitional housing”, or “safe haven,” then SCORE 1 | | | | SCORE |
|  |
| 1. How long has it been since you lived in permanent stable housing? | |  | Refused | |
| 1. In the last 3 years, how many times have you been homeless? | |  | Refused | |
| If the person has experienced 1 or more consecutive years of homelessness, AND/OR 4 episodes of homelessness, then SCORE 1 | | | | SCORE |
|  |

*\*Optional Minnesota clarifications*

## **B. Risks**

|  |  |  |
| --- | --- | --- |
| 4. In the past 6 months, how many times have you? (Enter number for each questions) | | |
| 1. Received health care at an emergency department/room? \**This would include seeking emergency healthcare at IHS or other health facility?* | \_\_\_ Refused | |
| 1. Taken an ambulance to the hospital? | \_\_\_ Refused | |
| 1. Been hospitalized as an inpatient? | \_\_\_ Refused | |
| 1. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? | \_\_\_ Refused | |
| 1. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or \* because the police told you that you must move along? \**or any other reason such as being asked to move along, loitering, etc.?* | \_\_\_ Refused | |
| 1. Stayed one or more nights in a holding cell, jail, or prison, \* whether that was short-term stay like the drunk tank, or a longer stay for a more serious offense, or anything in between? \**or detox?* | \_\_\_ Refused | |
| IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.** | | **SCORE** |
|  |
| 1. Have you been attacked or \*beaten up\* since you’ve become homeless? \**assaulted* | Yes No Refused | |
| 1. Have you threatened to or tried to harm yourself or anyone else in the last year? | Yes No Refused | |
| IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM** | | **SCORE** |
|  |
| 1. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? \**This includes any current legal issues that may result in going to*   *jail, having to pay fines, or make it more difficult to rent a place to live?* | Yes No Refused | |
| IF “YES” THEN SCORE 1 FOR **LEGAL ISSUES** | | **SCORE** |
|  |
| 1. Does anyone force or \*trick\* you to do things that you do not want to do?   *Or manipulate* | Yes No Refused | |
| 1. Do you ever do things that \*may be considered risky\* like exchange sex for money, run drugs for someone, have unprotected sex with someone you don’t know, share a needle, or anything like that?   *Or \*you think could possibly put you at harm\** | Yes No Refused | |
| IF “YES” TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION** | | **SCORE** |
|  |

**C. Socialization & Daily Functioning** Please answer yes or no for the following

|  |  |  |
| --- | --- | --- |
| 1. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS, that thinks you owe them money?   *\*This could include things like rent, drugs, gambling, taxes, or similar?* | Yes No Refused | |
| 1. Do you get any money from the government, a pension, an inheritance, \*working under the table, \* a regular job, or anything like that?   *\*cash job, per cap,\** | Yes No Refused | |
| If YES to question 10, or NO to question 11, then SCORE 1 for **Money Management**. | | SCORE |
|  |
| 1. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?   *\*Do you have planned activities that make you feel happy and fulfilled?\** | Yes No Refused | |
| If No, SCORE 1 for **Meaningful Daily Activity** | | SCORE |
|  |
| 1. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? (*without assistance*)? | Yes No Refused | |
| If NO, then SCORE 1 for SCORE 1 for **Self-Care** | | SCORE |
|  |
| 1. Is your current homelessness in any way caused by a relationship that broke down, an unhealthier or abusive relationship, or because family or friends caused you to become evicted?   *\*Is your current homelessness in any way caused by relationship problems, for example: a relationship that ended, an unhealthy or abusive relationship, or because family or friends caused you to become homeless?\** | Yes No Refused | |
| If YES, then SCORE 1 for **Social Relationship** | | SCORE |
|  |

1. **Wellness –** Please answer YES or NO for the following

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? | | Yes No Refused | |
| 1. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? | | Yes No Refused | |
| 1. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? | | Yes No Refused | |
| 1. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you’d need help? | | Yes No Refused | |
| 1. When you are sick or not feeling well, do you avoid getting help? | | Yes No Refused | |
| 1. FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? | | Yes No Refused | |
| If “yes” to any of the above, SCORE 1 for **Physical Health** | | | SCORE |
|  |
| 1. Has your drinking or drug use led you to being \*kicked out of an\* apartment or program where you were staying in the past? \* “asked or forced to leave” | Yes No Refused | | |
| 1. Will drinking or drug use make it difficult for you to stay housed or afford your housing? | Yes No Refused | | |
| If “yes” to any of the above, then SCORE 1 for **Substance** **Use.** | | | SCORE |
|  |
| 1. Have you ever had trouble maintaining your housing, or been \*kicked out of\* an apartment, shelter program or other place you were staying, because of: \**asked to leave* | | | |
| 1. A mental health issue or concern? | Yes No Refused | | |
| 1. A past head injury? | Yes No Refused | | |
| 1. A learning disability, developmental disability, or other impairment? | Yes No Refused | | |
| 1. Do you have any mental health or brain issues that would make it hard for you to live independently because you’d need help? | Yes No Refused | | |
| If yes to any of the above, then SCORE 1 for **Mental Health** | | | SCORE |
|  |
| If the respondent scored 1 for **Physical Health** AND 1 for **Substance Use** AND 1 for **Mental Health**, score 1 for **TRI-MORBIDITY**. | | | SCORE |
|  |
| 1. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? | Yes No Refused | | |
| 1. Are there any medications like painkillers that you don’t take the way the doctor prescribed \*or where\* you sell the medications?   *\*, are you not following a pain contract, or do\** | Yes No Refused | | |
| If YES, to any of the ABOVE, score 1 for **Medications.** | | | SCORE |
|  |
| 1. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? | Yes No Refused | | |
| If YES, SCORE 1 for **Abuse and Trauma.** | | | SCORE |
|  |

**Scoring Summary**

|  |  |  |
| --- | --- | --- |
| DOMAIN | SUBTOTAL | SCORE RECOMMENDATION |
| PRE-SURVEY | /1 | **Score: Recommendation:**  0-3: no housing intervention  4-7: Rapid Re-housing/Transitional Housing  8+: Permanent Supportive Housing/Housing First |
| 1. History of Housing & Homelessness | /2 |
| 1. Risks | /4 |
| 1. Socialization | /4 |
| 1. Wellness | /6 |
| TOTAL: | \_\_\_\_/17 |  |

**Don’t forget to give each household a CES RECEIPT & enter assessments within 24 hours!**