## **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?  |       |
| **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 |
| **If the person is 17 years of age or less, 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 [ ] Couch Surfing [ ] Outdoors [ ] Refused[ ] Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| If the person answers anything other than “shelter” or “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**

|  |
| --- |
| 1. In the past 6 months, how many times have you…?
 |
| 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 |
| 1. Were you ever incarcerated when younger than age 18?
 | [ ] 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?  *\*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 11, or NO to question 12, 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 lack of stable housing…
 |
| 1. Because you ran away from your family home, a group home or a foster home?
 | [ ] Yes [ ] No [ ] Refused |
| 1. Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?
 | [ ] Yes [ ] No [ ] Refused |
| 1. Because your family or friends caused you to become homeless?
 | [ ] Yes [ ] No [ ] Refused |
| 1. Because of conflicts around gender identity or sexual orientation?
 | [ ] Yes [ ] No [ ] Refused |
| If YES TO ANY OF THE ABOVE, then SCORE 1 for **Social Relationship** | SCORE |
|  |
| 1. Because of violence at home between family members?
 | [ ] Yes [ ] No [ ] Refused |
| 1. Because of an unhealthy or abusive relationship, either at home or elsewhere? (emotional, physical, psychological, sexual)?
 | [ ] Yes [ ] No [ ] Refused |
| If YES TO ANY OF THE ABOVE, then SCORE 1 for **ABUSE/TRAUMA** | SCORE |
|  |

1. **Wellness**

|  |  |
| --- | --- |
| 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. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone 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 |
| 1. If you’ve ever used marijuana, did you ever try it at age 12 or younger? \*Did you ever use marijuana at age 12 or younger?
 | [ ] 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:
 |  |
| 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 |
|  |

**Scoring Summary**

|  |  |  |
| --- | --- | --- |
| DOMAIN | SUBTOTAL | SCORE RECOMMENDATION |
| PRE-SURVEY | /1 | 0-3 = No housing Intervention4-7 = Rapid re-housing/Transitional Housing8+ = Permanent Supportive Housing/Housing First |
| 1. History of Housing & Homelessness
 | /2 |
| 1. Risks
 | /4 |
| 1. Socialization
 | /5 |
| 1. Wellness
 | /5 |
| TOTAL: | \_\_\_\_/17 |  |

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