

**Foundational Community Supports:
Supported Housing Assessment**

 Initial assessment

 Reauthorization

*Indicates a required field.**

Date:*	Name:*	ProviderOne ID #:*	Date of birth:*
Address (not required if homeless):		City, State, ZIP:*	
Phone number:		Email:	
Member of a federally recognized American Indian/Alaska Native tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify which tribe:</i>		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Provider agency name:*	

Part A: Complex needs eligibility requirements
Information in this section is required in order to determine eligibility for supportive housing services.
Health need (must select at least one)
The client meets one of the following criteria:*

- Mental health need where there is a need for improvement, stabilization, or prevention of deterioration to functioning resulting from the presence of a mental illness (as determined by a licensed behavioral health agency).
- Diagnosed with a substance use disorder (SUD), as determined by meeting a one or higher level on the *American Society of Addiction Medicine (ASAM) Criteria* (as determined by a licensed behavioral health agency).
- Needs assistance with three or more activities of daily living (ADL) or one or more hands-on ADL as determined by a *Comprehensive Assessment and Reporting Evaluation (CARE)*.
- The client is a homeless individual with a disability, determined by a coordinated entry assessment. (*Individual assessed to have a complex health need, which is defined as a long continuing or indefinite physical condition requiring improvement, stabilization, or prevention of deterioration of functioning including ability to live independently without support*).

Risk factors (to be approved by a qualified professional; must select at least one risk factor):*

- Chronically homeless:** an individual with a disabling condition who has been homeless for a period of at least one year, **or** an individual with a disabling condition who has had at least four episodes of homelessness, as long as the combined occasions equal at least 12 months.
- Frequent or lengthy institutional contacts (frequent, as in two or more instances in the past 12 months, or lengthy, as in lasting 90 days or more)**
 Is the client transitioning out of an institutional setting? Yes No

If yes, select all that apply:

- Nursing
- Inpatient psychiatric hospital
- Inpatient medical hospital
- Correctional program or institution
- Foster care facility or other youth facility

Has the client resided within one of the previously listed institutional settings multiple times in the past year?

Yes No *If yes, number of times:* _____

Frequent residential care stays (two or more occurrences in the past 12 months)

Has the client resided within a residential care facility two or more times in the past 12 months?

Yes No

If yes, select all that apply:

Evaluation and treatment facility

Inpatient substance use treatment facility

Detox center

Adult residential care, assisted living, or adult family home (AFH)

Frequent turnover of in-home caregivers (three or more occurrences in the past 12 months)

Has the client experienced frequent turnover of in-home caregivers? Yes No

Within the last 12 months, has the client used three different in-home caregiver providers? Yes

No

PRISM predictive risk score 1.5 or above (*contact the TPA, MCO, BHO, Health Home, or HCS case manager to obtain the PRISM risk score*)

Additional details on risk factors:

Part B: Housing assessment

Please fill out to the best of your ability. This client information is required but does not impact eligibility.

Employment status:*

Unemployed

Employed part-time

Employed full-time

Nonpaid employment activities

Enrolled in training/education program

Income source:*

Social Security (SSA)

Pension

Supplemental Security Income (SSI)

Social Security Disability Insurance (SSDI)

Temporary Aid for Needy Families (TANF)

Housing and Essential Needs (HEN)

Aged, Blind, or Disabled (ABD)

Employment

Other:

Total income:*

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$29,999
- \$30,000 to \$34,999
- \$35,000 or more

Housing type:*

- Transitional/temporary housing
- Permanent housing
- Not housed (homeless)

If homeless, choose type:*

- Living in a place not meant for human habitation (e.g., car)
- Living in an emergency shelter
- Homeless but admitted to a hospital or other institution for less than 30 days
- At imminent risk of losing housing
- Evicted or foreclosed within 30 days with no future residence identified
- Couch surfing or doubled up
- Other:

Strengths

Please fill out to the best of your ability. Information in this section assesses the individual's housing preferences, needs, and assets. This information does not impact eligibility.

Identify individual traits that support the client's ability to obtain and maintain housing. Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Motivated to obtain housing | <input type="checkbox"/> Maintaining benefits |
| <input type="checkbox"/> Long-term rental history | <input type="checkbox"/> Shopping for food and necessities |
| <input type="checkbox"/> Support from family/friends | <input type="checkbox"/> Taking medication |
| <input type="checkbox"/> Paying rent/utilities | <input type="checkbox"/> Filling prescriptions |
| <input type="checkbox"/> Lease compliance | <input type="checkbox"/> Hygiene |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Paying bills |
| <input type="checkbox"/> Money management | <input type="checkbox"/> Getting along with neighbors, landlords, etc. |
| <input type="checkbox"/> Driving/using public transportation | <input type="checkbox"/> Meal preparation |
| <input type="checkbox"/> Arranging apartment repairs | <input type="checkbox"/> Motivated to resolve legal/credit issues |
| <input type="checkbox"/> Managing/using caregivers | <input type="checkbox"/> Desire to work or engage in community activities |
| <input type="checkbox"/> Managing healthcare needs | <input type="checkbox"/> Other: |

Housing preference

Setting:

Urban/downtown Urban/residential neighborhood Suburban Rural/small town

Close to:

Transportation Shopping Medical services Family/friends Place of worship
 Recreation/cultural Other:

Living space:

Studio One bedroom Two bedroom Onsite laundry Nonsmoking Smoking allowed
 Pets allowed Bottom floor/elevator Accessible unit Parking

Please describe other relevant housing preferences:

Personal information related to housing placement

Does the client use a wheelchair? Yes No

If yes, please list:

Width (inches): _____ Manual or electric: _____

Does the client have a pet? Yes No

Does the client have a service animal? Yes

No Does the client smoke? Yes No

Does the client use medical marijuana? Yes No

Has the client served in the U.S. military with a qualified discharge? Yes

No Has the client ever been arrested? Yes No

If yes, was the client charged and convicted of a crime? Yes No

Is the client a registered sex offender or have they been convicted of manufacturing methamphetamines?

Yes No *(If yes, no federal subsidies allowable.)*

Will anyone else be living with the client? Yes No

If yes, select type, and list name and contact information:

Family/partner/friend:

Live-in aide:

Please describe other relevant personal information related to housing placement:

Housing history

Does the client have any rental history? Yes No

Has the client ever received subsidized housing from a public housing authority? Yes

No Does the client owe anyone or any public housing authority past-due rent? Yes
 No

Has the client ever been evicted from rental housing? Yes No

If yes, please list dates:

Transportation information

Does the client rely on public transportation? Yes No

Does the client have a vehicle? Yes No

Describe the client's transportation needs:

Housing options to review/explore

Are any of the options below available and appropriate for the individual? Yes No

If yes, select all that apply:

Tenant-based rental assistance:

- Housing choice
- Non-elderly disabled
- Veteran's Assistance Supportive Housing
- Family Unification Program
- Housing Opportunities for Persons with AIDS (HOPWA)
- Other:

Project-based rental subsidy:

- HUD 811 (supportive housing for persons with disabilities)
- HUD 202 (supportive housing for elderly)
- Low-Income Housing Tax Credit
- Other:

Continuum of care:

- Shelter care
- Homelessness Prevention and Rapid Re-Housing Program (HPRP)
- Permanent supportive housing
- Transitional housing
- Other:

Department of Commerce

subsidized: Other HUD or USDA

subsidy: County/city program:

Other:

Documentation available (please check all boxes for documentation client has made available to you. Note: You do not need to include documentation with assessment.):

- Social Security card
- Background check results
- Proof of income
- Documentation of other assets
- Birth certificate
- Legal resident status
- Protective payee

Notes:

Assessment completed by:*	Position/credentials:	Date:
Signature:	Provider agency name:*	
Assessment supervised by (if applicable):	Position/credentials:	Date:
Signature:		
Potential enrollee name (consent for services):*		
<i>Please indicate verbal consent <u>with date and time received</u> in the notes below if signature was not attainable (required if no signature).</i>		
Enrollee signature:*		Date:*
Notes:		