MSHMIS HARA Screening Assessment

<table>
<tr><th colspan="7">HOUSEHOLD INFORMATION
Answer this section for all persons in household (use additional sheets for larger families)</th></tr>
<tr><th>Full Name</th><th>Relationship to Head of Household</th><th>SSN</th><th>US Military Veteran</th><th>Date of Birth mm/dd/yyyy</th><th>Gender</th><th>Race
(Select all that apply)</th></tr>
<tr><td>______________
Name Data Quality
☐ Full name
☐ Partial, street or code name
☐ Client doesn't know
☐ Client refused</td><td>☐ Self (Head of household)</td><td>______________
SSN Data Quality
☐ Full SSN Reported
☐ Approximate or partial SSN reported
☐ Client doesn't know
☐ Client refused</td><td>(Answer for adults 18+ only)
☐ Yes
☐ No
☐ Client doesn't know
☐ Client refused</td><td>/ /
DOB Data Quality
☐ Full DOB reported
☐ Approximate or partial DOB
☐ Client doesn't know
☐ Client refused</td><td>☐ Female
☐ Male
☐ Trans Male (MTF or Male to Female)
☐ Trans Female (FTM or Female to Male)
☐ Gender Non Conforming
☐ Client doesn't know
☐ Client refused</td><td>☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Client doesn't know
☐ Client refused</td></tr>
<tr><td>______________
Name Data Quality
☐ Full name
☐ Partial, street or code name
☐ Client doesn't know
☐ Client refused</td><td>☐ Head of Household's child
☐ Head of household's spouse or partner
☐ Head of household's other relation member (other relation to head of household)
☐ Other: non-relation member</td><td>______________
SSN Data Quality
☐ Full SSN Reported
☐ Approximate or partial SSN reported
☐ Client doesn't know
☐ Client refused</td><td>(Answer for adults 18+ only)
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☐ No
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☐ Client refused</td></tr>
</table>

HOUSEHOLD INFORMATION continued…

Answer this section for all persons in household (use additional sheets for larger families)

Name *(Answer for All Persons in HH)*	**Ethnicity**	**Does the client have a disabling condition?**	**If client has a disabling condition, please answer the following sub-assessment questions:**			
			Disability Type (Select all that apply)	*Disability Determination*	*If Yes, to be long-continued and indefinite duration and substantially impairs ability to live independently?*	*Long Term (Yes/ No)*
	☐ Non- Hispanic/ Non-Latino ☐Hispanic/ Latino ☐Client doesn't know ☐Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No
	☐ Non- Hispanic/ Non-Latino ☐Hispanic/ Latino ☐Client doesn't know ☐Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No
	☐ Non- Hispanic/ Non-Latino ☐Hispanic/ Latino ☐Client doesn't know ☐Client refused	☐ Yes ☐ No ☐ Client doesn't Know ☐ Client refused	☐ Physical ☐ Developmental ☐ Chronic Health Condition ☐ HIV/AIDS ☐ Mental Health Problems ☐ Alcohol Abuse ☐ Drug Abuse ☐ Both Alcohol & Drug Abuse	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No ☐ Client doesn't know ☐ Client refused	☐ Yes ☐ No

Homeless History Interview

Answer the following questions for ALL Household Members

(Use additional sheets if members of the same household have different homeless histories)

Chronic status is determined by a client's history of homelessness, disability status, and the length of time spent on the street, in an emergency shelter or safe haven. Requires a substantiated disability and, continuously homeless for past 12 months to qualify or 4 separate occasions in the past 3 years as long as the combined occasions total at least 12 months.
Intake workers should not instruct the client on the length of time/# of episodes necessary to qualify as chronically homeless. Questions should be asked in the exact order they are presented below.

Describe the client's living situation (immediately) prior to project entry?

(Select one Living Situation and answer the corresponding questions in the order in which they appear)

SECTION I	Literally Homeless Situation	Institutional Situation	Transitional/Permanent Housing Situation	Don't Know/ Refused
	☐ Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, anywhere outside). ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher. ☐ Safe Haven ☐ Interim Housing (e.g. client applied for permanent housing and a unit/voucher has been reserved but client is not able to move in immediately).	☐ Foster care home or foster group home ☐ Hospital or other residential non-psychiatric medical 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 or motel paid for without emergency shelter voucher ☐ Owned by client, no ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Permanent housing (other than RRH) for formerly homeless persons (such as CoC Project) ☐ Rental by client, no ongoing housing subsidy ☐ Rental by client, with VASH housing subsidy ☐ Rental by client, with GPD TIP subsidy ☐ Rental by client, with RRH or equivalent 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)	☐ Client doesn't know ☐ Client refused

SECTION II	**Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer	**Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the institutional situation less than 90 days?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO- End Homeless History Interview)**	**Length of Stay in Prior Living Situation (i.e. the housing situation identified above)** ☐ One night or less ☐ Two to six nights ☐ One week or more but less than one month ☐ One month or more but less than 90 days ☐ 90 days or more but less than one year ☐ One year or longer **Did you stay in the housing situation less than 7 nights?** ☐ Yes **(If YES – Complete SECTION III)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused
SECTION III	**N/A** **Complete SECTION IV Below**	**On the <u>night before</u> entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO- End Homeless History Interview)**	**On the <u>night before</u> entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?** ☐ Yes **(If YES – Complete SECTION IV)** ☐ No **(If NO – End Homeless History Interview)**	☐ Client doesn't know ☐ Client refused

*Have the client look back to the date of the last time s(he) "had a place to sleep **other than** the streets, ES, or SH".*
If the client knows the month and year but not the day, the worker may substitute the day of the month with the same day of the month as project entry.

What Counts as a Break in Homelessness?
As the client looks back, there may be breaks in their stay on the streets, ES, or SH. A break in homelessness is considered to be:

- ***7 or more consecutive nights in a Housing Situation** (see Section III above).*
- ***90 or more consecutive days in an Institutional Situation** (see Section II above)*

Follow-up questions:

1. *"Did you stay anywhere other than on the streets, in emergency shelter, or safe haven for less than 7 nights" (if not an institution). or*
2. *"Were you in jail/hospital/other Institution less 90 days" (if break is an institution).*

If 1 or 2 is yes, include all those days in the client's total number of days homeless and continue back to the next break in homelessness.

SECTION IV

Approximate date homelessness started: ________________________________(M/D/YYYY)

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	☐ Three Times	☐ Client doesn't know
☐ Two Times	☐ Four or more Times	☐ Client refused

Total number of months homeless (on the street, in emergency shelter or safe haven) in the past 3 years?
(e.g. # of cumulative, but not necessarily consecutive months spent homeless)

☐ One month (this time is the first month)	☐ More than 12 months	☐ Client doesn't know
☐ 2 – 12 months ➔Must specify # months____		☐ Client refused

Housing Status

- ☐ Category 1 - Homeless
- ☐ Category 2 – At imminent risk of losing housing
- ☐ Category 3 – Homeless only under other federal statues
- ☐ Category 4 – Fleeing domestic violence
- ☐ At-risk of homelessness
- ☐ Stably Housed
- ☐ Client doesn't know
- ☐ Client refused

Zip Code of Last Permanent Address: ___________________

City of Residence: ________________________________ **County of Residence:** _______________________________

****Answer the following questions for HEAD OF HOUSEHOLD Only****

Client Location (CoC Code/Name) __________________

Do you have other housing options for the next few days/weeks? ☐ Yes ☐ No
If yes, how long? ______________________

If Doubled-Up: Describe Issues & Resource Needs

____

____

If Own Unit: Describe Issues & Resources Needs

____

____

Number in Household (enter "1" if single adult only):
Household Size**:_____** # of Adults ____ # of Children ____

Total Household monthly income _________ **% of Median Income:** ☐ 0-30% ☐ 31-50% ☐ 51-80% ☐ over 80% (Use Median Income Chart)

Prevention Only (Complete this section for Head of Household Only - Skip if Literally Homeless)

What is the monthly rent amount? ___________________ No of bedrooms: ______

Is back rent/late fees owed? ☐Yes ☐No; If yes: # of Mos. Delinquent: _________Total Due $________

Is another agency/person/program providing any of the rent costs? ☐ Yes (*How Much*?) $________ ☐ No
Have eviction proceedings begun? ☐ Yes ☐ No

If yes, list evidence provided:____

OPTIONAL List any utilities that are not included in the rent (Phone and Int/TV are not eligible for ESG asst.)

Utility	Monthly Amount	Past Due Balance
Gas		
Electric		
Water		

Emergency Contact Information

To obtain the client's emergency contact information, intake staff should ask the client, "*If you wish to be contacted regarding benefits that you may be eligible for or in the case of an emergency, we will need your best Contact Information. Some services are very time limited so please be as accurate as possible and include how we might reach you even as your circumstances are changing."*

Client's Cell Phone Number ______________________________

Emergency Contact's Name ______________________________

Contact Type (Relationship to Client) ______________________________

Phone Number ______________________________

Second Phone Number ______________________________

Email Address ______________________________

Contact's Address: Street _________________________ **City** _____________________ **State** ________

Contact's Zip Code _______________

Assessment Disposition

Required for Head of Household

- □ Referred to emergency shelter/safe haven
- □ Referred to transitional housing
- □ Referred to rapid re-housing
- □ Referred to permanent supportive housing
- □ Referred to homeless outreach
- □ Referred to street outreach
- □ Referred to other continuum project type
- □ Referred to a homelessness diversion program
- □ Unable to refer/accept within continuum; ineligible for continuum projects
- □ Unable to refer/accept within continuum; continuum services unavailable
- □ Referred to other community project (non-continuum)
- □ Applicant denied referral/acceptance
- □ Applicant terminated assessment prior to completion
- □ Other/specify