

TouchPoint - Blank TouchPoint



TouchPoint Name: VI-SPDAT / Housing Assessment Form

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

VI-SPDAT

If 60 years or older, then the score will be 1

1. Age

#

THIS CLIENT IS AN UNACCOMPANIED YOUTH, PLEASE SKIP TO "UNACCOMPANIED YOUTH" TAB AND CONTACT ACH AT 817 335 4773

Prescreen Score

#

Report Prompts:

TouchPoint: VI-SPDAT / Housing Assessment Fo

Printed on: 12/17/14

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A. History of Housing & Homelessness

If the person has experienced two or more cumulative year of Homelessness, and/or 4+ episodes of homelessness, then the score will be 1

1. What is the total length of time you have lived on the streets or in the shelters?

<input type="checkbox"/> One Month or Less
<input type="checkbox"/> One to under Six Months
<input type="checkbox"/> Six Months to Under Twelve Months
<input type="checkbox"/> One Year to Under Two Years
<input type="checkbox"/> Two Years or More

2. In the past three years, how many times have you been housed and then homeless again?

#

This client is chronically homeless

PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL

#

Report Prompts:



B. RISKS

If the total number of interactions across questions 3, 4, 5, 6 and 7 is equal to or greater than 4, then score will be 1

3. In the past six months, how many times have you been to the emergency department/room?

#

4. In the past six months, how many times have you had an interaction with the police?

#

5. In the past six months, how many times have you been taken to the hospital in an ambulance?

#

6. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines?

#

7. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital?

#

Report Prompts:



Total 3-7

#

Risk 3-7 Prescreen Score

#

If YES to questions 8 or 9, then score will be 1.

8. Have you been attacked or beaten up since becoming homeless?

Yes

No

Refused

9. Threatened to or tried to harm yourself or anyone else in the last year?

Yes

No

Refused

Risk Prescreen Score 8-9

#

Report Prompts:



If yes to question 10, then score 1

10. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Risk Prescreen Score 10

#

If YES to questions 11 or 12; OR if respondent provides any answer OTHER THAN "Shelter" in question 13, then score will be 1.

11. Does anybody force or trick you to do things that you do not want to do?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Report Prompts:



12. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

13. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.)

<input type="checkbox"/> Shelter
<input type="checkbox"/> Street, Sidewalk, or Doorway
<input type="checkbox"/> Car, Van, or RV
<input type="checkbox"/> Bus or Subway
<input type="checkbox"/> Beach, Riverbed, or Park
<input type="checkbox"/> Other

Risk Prescreen Score 11-13

#

PRE-SCREEN RISK SUBTOTAL

#

Report Prompts:



C. Socialization & Daily Functions

If YES to question 14 or NO to questions 15 or 16, the score will be 1.

14. Is there anybody that thinks you own them money?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

15. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

16. Do you have enough money to meet all of your expenses on a monthly basis?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Socialization & Daily Functions Prescreen Score 14 - 16

#

Report Prompts:



If NO to question 17, score will be 1

17. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Socialization & Daily Functions Prescreen Score 17

#

If YES to questions 18 or 19, score will be 1.

18. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Report Prompts:



19. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do thing you really don't want to do?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Socialization & Daily Functions Score 18-19

#

OBSERVE ONLY. DO NOT ASK! if YES , score will be 1.

20. Surveyor, do you detect signs of poor hygiene or daily living skills?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Socialization & Daily Functions Score 20

#

PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL

#

Report Prompts:



D. WELLNESS

If Does Not Go for Care, Score will be 1.

21. Where do you usually go for healthcare or when you're not feeling well?

<input type="checkbox"/> Hospital
<input type="checkbox"/> Clinic
<input type="checkbox"/> VA
<input type="checkbox"/> Other
<input type="checkbox"/> Does not go for care

Specify:

--

Wellness Prescreen Score 21

#

For EACH YES response in questions 22 through 25 (Medical Conditions), score will be 1.

Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions

Report Prompts:



22. Kidney disease/End Stage Renal Disease or Dialysis

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

23. History of frostbite, Hypothermia, or Immersion Foot

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

24. Liver disease, Cirrhosis, or End-Stage Liver Disease

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

25. HIV+/AIDS

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Report Prompts:



Wellness Prescreen Score 22-25

#

Wellness MEDICAL CONDITION Prescreen Score 22-25

#

If YES to any of the conditions in questions 26 to 34 (Other Medical Conditions), score will be 1.

26. History of Heat Stroke/Heat Exhaustion

Yes

No

Refused

27. Heart disease, Arrhythmia, or Irregular Heartbeat

Yes

No

Refused

Report Prompts:



28. Emphysema

Yes

No

Refused

29. Diabetes

Yes

No

Refused

30. Asthma

Yes

No

Refused

31. Cancer

Yes

No

Refused

Report Prompts:



32. Hepatitis C

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

33. Tuberculosis

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

OBSERVATION ONLY – DO NOT ASK:

34. Surveyor, do you observe signs or symptoms of a serious health condition?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Wellness OTHER MEDICAL CONDITION Prescreen Score 26-34

#

If any response is YES in question 35 through 41 (Substance Use), score will be 1.

Report Prompts:



35. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?

Yes

No

Refused

36. Have you consumed alcohol and/or drugs almost every day or every day for the past month?

Yes

No

Refused

37. Have you ever used injection drugs or shots in the last six months?

Yes

No

Refused

38. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?

Yes

No

Refused

Report Prompts:



39. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

40. Have you blacked out because of your alcohol or drug use in the past month?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

OBSERVATION ONLY – DO NOT ASK:

41. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Substance Use Prescreen Score 35-41

#

If any response is YES in questions 42 through 48 (Mental Health), score will be 1.

Report Prompts:



42. Ever been taken to a hospital against your will for a mental health reason?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

43. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

44. Spoken with a psychiatrist, psychologist or other mental health professional in the past six months because of your mental health – whether that was voluntary or because someone insisted that you do so?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

45. had a serious brain injury or head trauma?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Report Prompts:



46. Ever been told you have a learning disability or developmental disability?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

47. Do you have any problems concentrating and/or remembering things?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

OBSERVATION ONLY – DO NOT ASK:

48. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Mental Health Prescreen Score 42-48

#

Report Prompts:



If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is 1, then score will have an additional point for tri-morbidity.

Tri-Morbidity Score

#

If YES to question 49, score will be 1.

49. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Prescreen Score Question 49

#

If YES to question 50, score will be 1.

Report Prompts:



50. Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> Refused

Prescreen Score 50

#

PRE-SCREEN WELLNESS SUBTOTAL

#

SCORING SUMMARY

If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing / Housing First Assessment.

If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Rehousing Assessment.

If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this moment.

GENERAL INFORMATION:

Report Prompts:



PRE-SCREEN TOTAL:

#

Client has a score of 8 or greater; which indicates a high services need.

Client is recommended for a Rapid Rehousing Assessment.

Client is not recommended for a Housing and Support Assessment at this moment.

Housing Assessment Form

The Housing Assessment Form (HAF) is designed to collect information from clients regarding their past and current living situation in order to identify and address barriers to housing stability.

client's relationship to the head of household

Length of Stay in Previous Place

Report Prompts:



Zip Code

Is the client currently receiving income from any source

Is the client currently receiving earned income (i.e. employment income)?

Is the client currently receiving Supplemental Security Income (SSI)?

Is the client currently receiving Social Security Disability Income (SSDI)?

Is the client currently receiving VA Service-Connected Disability Compensation

Is the client currently receiving VA Non-Service-Connected Disability Pension

Is the client currently receiving private disability insurance

Is the client currently receiving worker's compensation

Report Prompts:



Is the client currently receiving Temporary Assistance for Needy Families (TANF)?

Is the client currently receiving General Assistance (GA)?

Is the client currently receiving retirement income from Social Security

Is the client currently receiving a pension or retirement income from a former job

Is the client currently receiving child support

Is the client currently receiving alimony and other spousal support

Is the client currently receiving income from any other source

Total Monthly Income

Report Prompts:

Is the client currently receiving non-cash benefits from any source

Is the client currently receiving benefits from Supplemental Nutrition Assistance Program (SNAP) (previously known as food stamps)?

Is the client currently receiving benefits from the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

Is the client currently receiving benefits from TANF Child Care services

Is the client currently receiving benefits from TANF transportation services

Is the client currently receiving benefits from other TANF-funded services

Is the client currently receiving benefits from Section 8, public housing, or other ongoing rental assistance

Is the client currently receiving benefits for temporary rental assistance

Report Prompts:



Is the client currently receiving benefits from any other source

Is the client currently covered by health insurance

Veteran Status (HUD)

What is the client's military discharge status?

<input type="checkbox"/> Honorable
<input type="checkbox"/> General
<input type="checkbox"/> Medical
<input type="checkbox"/> Bad Conduct
<input type="checkbox"/> Dishonorable
<input type="checkbox"/> Other

Describe other discharge type

Does the client currently have a disabling condition

Report Prompts:

Is the client a victim/survivor of domestic violence

When did the domestic violence occur?

Within the past three months.

Three to six months.

From six to twelve months.

More than a year ago.

is the client pregnant at this moment?

Yes

No

Is the client currently employed?

No

Yes

Client Refused to Report

Report Prompts:



Tenure of employment

<input type="checkbox"/> Permanent
<input type="checkbox"/> Temporary
<input type="checkbox"/> Seasonal
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused to Report

Are you able to work?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

If no, why no?

--

Is child currently enrolled in school?

<input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused to Report

Report Prompts:



If yes, was/is the child connected to the McKinney-Vento Homelessness Assistance Act school liaison?

<input type="checkbox"/> No
<input type="checkbox"/> Yes
<input type="checkbox"/> Client Doesn't Know
<input type="checkbox"/> Client Refused to Report

Does the client have any of these documents (select all that applied)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other

If other, Specify

--

Basic Information on Household

Report Prompts:



Household Type

<input type="checkbox"/> Single adult Individual
<input type="checkbox"/> Unaccompanied Youth
<input type="checkbox"/> Adult couple with no children
<input type="checkbox"/> Single woman with children under 2
<input type="checkbox"/> Family with children under 18

How long have you been homeless?

<input type="checkbox"/> Less than 6 months
<input type="checkbox"/> 6 months to a year
<input type="checkbox"/> 1 year to 2 years
<input type="checkbox"/> Over 2 years

Full Name

--

Report Prompts:



Relationship

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Relationship

--

Legal Custody

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have:

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other Id

Report Prompts:



Is this person a veteran?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does this person have any disabling condition?

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse

Name (2)

--

Age Range (2)

<input type="checkbox"/> 0 to 3 months
<input type="checkbox"/> 3 months to 2 years old
<input type="checkbox"/> 3 years to 17 years old
<input type="checkbox"/> 18 and older

Report Prompts:



Relationship (2)

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Relationship (2)

--

Legal Custody (2)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have (2)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other ID

Report Prompts:



Is this person a veteran? (2)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does this person have any disabling condition? (2)

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronical Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse

Add more family members? (2)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Name (3)

--

Report Prompts:



Age Range (3)

<input type="checkbox"/> 0 to 3 months
<input type="checkbox"/> 3 months to 2 years old
<input type="checkbox"/> 3 years to 17 years old
<input type="checkbox"/> 18 and older

Relationship (3)

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Relationship* (3)

--

Legal Custody (3)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Report Prompts:



Does this person have (3)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other Id

Is this person a veteran? (3)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does this person have any disabling condition?(3)

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse
<input type="checkbox"/> No

Add more family members? (3)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Name (4)

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Age Range (4)

<input type="checkbox"/> 0 to 3 months
<input type="checkbox"/> 3 months to 2 years old
<input type="checkbox"/> 3 years to 17 years old
<input type="checkbox"/> 18 and older

Relationship (4)

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Relationship (4)

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Report Prompts:



Legal Custody (4)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have (4)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other ID

Is this person a veteran? (4)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does this person have any disabling condition?(4)

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse

Report Prompts:



Add more family members? (4)

Yes

No

Name (5)

Age Range (5)

0 to 3 months

3 months to 2 years old

3 years to 17 years old

18 and older

Relationship (5)

Spouse

Son / Daughter

Parent

Sibling

Grand Child

Grandparent

Other Family

Report Prompts:



Relationship (5)

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Legal Custody (5)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have(5)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other ID

Is this person a veteran? (5)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Does this person have any disabling condition? (5)

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse

Add more family members? (5)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Name (6)

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Age Range (6)

<input type="checkbox"/> 0 to 3 months
<input type="checkbox"/> 3 months to 2 years old
<input type="checkbox"/> 3 years to 17 years old
<input type="checkbox"/> 18 and older

Report Prompts:



Relationship (6)

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Relationship (6)

--

Legal Custody (6)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have (6)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other ID

Report Prompts:



Is this person a veteran? (6)

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Does this person have any disabling condition?(6)

<input type="checkbox"/> Physical disability
<input type="checkbox"/> Chronic Health Condition
<input type="checkbox"/> HIV / Aids
<input type="checkbox"/> Mental Health Condition
<input type="checkbox"/> Substance or Alcohol Abuse

Full Name (7)

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Age Range (7)

<input type="checkbox"/> 0 to 3 months
<input type="checkbox"/> 3 months to 2 years old
<input type="checkbox"/> 3 years to 17 years old
<input type="checkbox"/> 18 and older

Report Prompts:



Relationship (7)

<input type="checkbox"/> Spouse
<input type="checkbox"/> Son / Daughter
<input type="checkbox"/> Parent
<input type="checkbox"/> Sibling
<input type="checkbox"/> Grand Child
<input type="checkbox"/> Grandparent
<input type="checkbox"/> Other Family

Legal Custody (7)

<input type="checkbox"/> Yes
<input type="checkbox"/> No
<input type="checkbox"/> N/A

Does this person have (7)

<input type="checkbox"/> Texas ID
<input type="checkbox"/> Social Security Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other ID

Report Prompts:



Is this person a veteran (7)

Yes

No

Does this person have any disabling condition? (7)

Physical Disability

Chronic Health Condition

HIV / Aids

Mental Health Condition

Substance or Alcohol Abuse

Do you have family or friends locally that you are able and willing to stay with?

Yes

No

If you had means of transportation Do you have family or friends that you are able and willing to stay with in other cities or states?

Yes

No

Report Prompts:



Which of the following types of housing are you willing to consider?

<input type="checkbox"/> Individual apartment without case management
<input type="checkbox"/> Individual apartment with case management
<input type="checkbox"/> Project based housing (ex: Butler Housing, Urban Manor)
<input type="checkbox"/> Small residential home shared with other tenants (single individuals only)
<input type="checkbox"/> Nursing home or Assisted Living facility (single individuals only)
<input type="checkbox"/> Renting a room or an apartment with a roommate

If you were able to get into a housing program would you be willing to participate in case management services?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



What barriers have made it difficult for you to obtain housing?

<input type="checkbox"/> Past Felonies (older than 7 years)
<input type="checkbox"/> Recent Felonies (newer than 7 years)
<input type="checkbox"/> Criminal background (no felonies)
<input type="checkbox"/> Bad Credit
<input type="checkbox"/> Poor Rental History
<input type="checkbox"/> Physical Health
<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Unstable employment history
<input type="checkbox"/> Limited or no income
<input type="checkbox"/> Not interested in housing case management
<input type="checkbox"/> Money owed to past landlords
<input type="checkbox"/> Other

Specify:

--

Please provide the contact information of any case manager, representative payee, or probation / parole officer you are currently working with

Name:

--

Report Prompts:



Role:

Phone Number

UNACCOMPANIED YOUTH

UNACCOMPANIED YOUTH

Has the client attempted suicide in the past 30 days?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Has the client been physically aggressive or assaultive in the past 30 days?

<input type="checkbox"/> Yes
<input type="checkbox"/> No

Report Prompts:



Has the client used drugs in the past 30 days?

Yes

No

Does the client have a history of sexually acting out or sex offense

Yes

No

Does the client have an untreated mental illness?

Yes

No

Report

Based on the information provided, this client may be appropriate for:

VASH: 817 255 7150 / 1518 E Lancaster Av.

or

GPD Programs at PNS: 817-632-7407

Based on the information provided, this client may be appropriate for:* Salvation Army Mabee Center to program SAVE 817 344 1801

Report Prompts:

Client is Victim Of domestic violence* Please contact "Safe Haven of Tarrant County" at 817 535 6462 x117

Based on the information provided, this client may be appropriate for PSH Program:*Arlington Housing Authority, Catholic Charities, City of Fort Worth, Cornerstone Assistance Network, Fort Worth Housing Authority, MHMR of Tarrant County, Presbyterian Night Shelter, Recovery Resource Council, Samaritan Housing of Tarrant County Tarrant County

This client is an unaccompanied youth*Please Contact ACH at 817 335 4673

Rapid Rehousing Program* *Based on the information provided, this client may be appropriate for a Rapid Rehousing Program:* (Client has to have 60% AMI)

Please contact one of the following agencies:

***YWCA:* 817 4841555**

Based on the information provided, this client might qualify for the MHMR Healthy Community Collaborative Program, please add and ETO referral (under Add Referral feature) or contact Sabrina D. Conner at Sabrina.Conner@mhmrtc.org

Based on the information provided, this client might qualify for Samaritan House Programs: Genesis TBLA 15, Genesis HOPWA, Shelter Plus Care, Samaritan House Please contact Mario Puga at TCHC for Prioritization 817 996 7666 or Mario@ahomewithhope.org

Report Prompts:



Special Conditions:

This client is a Youth in Transition (aged 18-24)

This is a special population and client may be prioritized higher even if his / her SPDAT score is low

Special Conditions:

This client is a Pregnant and/or with a child 2 years old or younger

This Client may be prioritized higher even if his/her SPDAT score is low.

Special Conditions:

This Family has a child or children with disabilities or chronic illness.

This is a special population and family may be prioritized higher even if their SPDAT score is low

Special Conditions:

This client is category 4 homeless for DV

This Client may be prioritized higher even if his/her SPDAT score is low.

Client is willing to stay with family or friends locally, this client might qualify for a Housing Placement Program or TCHC for Direct Client Service Funds

Report Prompts: