San Joaquin County Housing Assessment Tool

Client Name (HoH): _____ Client SSN: _____

Introductory Script

In order for us to assist you in finding the right housing program, I'd like to ask you questions from the vulnerability assessment tool to help determine which programs and resources you're eligible for through the Coordinated Entry System. There are no "right" or "wrong" answers, and everyone who completes this questionnaire will be placed on the Community Queue list for housing, however this does not guarantee a housing referral. If there are any questions you do not understand please don't hesitate to ask. All of your answers will be kept confidential.

Are you comfortable proceeding? (If yes) Do I have your consent to move forward with the questionnaire? ☐ YES / NO ☐

Scoring

Please skip asking any questions in this section if your organization already has this demographic information for the client, however continue to score those questions using that information.

1. Please state your date of birth. _____

2. Do you have any children under 18 that are in your care? ☐ YES / NO ☐
   a. # of children age 0-5:_____
   b. # of children age 6-16:_____
   c. # of children age 17-18:_____

3. -- skip race/ethnicity question, as it has no impact on score --

4. Are you a US Military Veteran? ☐ YES / NO ☐

   4b. If "YES" to question 4: What was your discharge status? _____

5. Do you have any pets or service animals that you currently care for? ☐ YES / NO ☐

6. Some programs are only available to clients with a source of monthly income. Please tell me if you have income you count on each month and the source of that income.
   Income monthly amount: _____ Income Source(s): _____
   _____

7. Do you or does any member of your household have a physical health challenge or disability? (If yes proceed with the following): ☐ YES / NO ☐
   a. Does it impact your life in a negative way most days? ☐ YES / NO ☐
   b. Does it make it hard to access housing or maintain housing? ☐ YES / NO ☐
   c. Does it make it more difficult to take care of yourself and/or your family?
      ☐ YES /NO ☐

8. Do you or does any member of your household have a mental health challenge or disability? (If yes proceed with the following): ☐ YES / NO ☐
   a. Does it impact your life in a negative way most days? ☐ YES / NO ☐
   b. Does it make it hard to access housing or maintain housing? ☐ YES / NO ☐
   c. Does it make it more difficult to take care of yourself and/or your family?
      ☐ YES /NO ☐

9. Do you or does any member of your household have a substance use or alcohol challenge or disability? (If yes proceed with the following): ☐ YES / NO ☐
   a. Does it impact your life in a negative way most days? ☐ YES / NO ☐
   b. Does it make it hard to access housing or maintain housing? ☐ YES / NO ☐
   c. Does it make it more difficult to take care of yourself and/or your family?
      ☐ YES /NO ☐

10. Do you or does any member of your household have a developmental disability? (If yes proceed with the following): ☐ YES / NO ☐
    a. Does it impact your life in a negative way most days? ☐ YES / NO ☐
    b. Does it make it hard to access housing or maintain housing? ☐ YES / NO ☐
       Does it make it more difficult to take care of yourself and/or your family?
       ☐ YES /NO ☐

11. Do you or does any member of your household have any chronic or long-term health conditions? Are you taking any medications and under doctor's care for this condition? ☐ YES / NO ☐
    a. <u>If yes, Are you untreated/not taking medications</u> ☐ YES / NO ☐
    b. <u>If yes, Are you treated/taking medications</u> ☐ YES / NO ☐

12. Where do you sleep most frequently? _____

12.b) If "YES" to 12: How long have you been homeless? _____

13. Have you been to an ER, taken an ambulance, been hospitalized in either a medical or psychiatric facility in the last 6 months? ☐ YES / NO ☐
How many times? _____

14. Are you or any family member currently experiencing violence or being hurt where you are staying or are currently fleeing from a violent situation? ☐ YES / NO ☐

15. Does anyone in your family have any legal issues going on right now that may result in being locked up, having to pay fines, impact you getting housing, impact where you can live, or impact your family's ability to stay together? ☐ YES / NO ☐

16. Has anyone in your family ever been convicted of a crime that makes it difficult to access or maintain housing? ☐ YES / NO ☐

Exit Script

Your score on this assessment determines your spot on our Community Queue waitlist. The higher your score, the higher of a priority you will be on the waitlist — the waitlist is not "first come, first served." Please be aware that there are often more than 1,000 households on the waitlist and any one time. When there are openings in housing programs in the county, the people with the highest scores will be given the first opportunity for that referral.

Date of Assessment: _____

Name of Staff: _____ Name of Agency: _____