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CSP#________________

ANNUAL RRH CLIENT SERVICE NEEDS ASSESSMENT

The Annual Rapid Rehousing Client Service Needs Assessment, effective 04/01/2023 is required for all RRH clients that have been in the program for over a year. RRH providers should assess ALL clients annually using this assessment.

Why are we doing the Annual RRH Client Service Needs Assessment?
The Annual RRH Client Service Needs Assessment is used to identify possible gaps in needed services, housing-related barriers, and level of case management needed.

Why are we asking these specific questions?
Factors that cause an individual or family to be stable in housing, or unstable and face a return to homelessness are varied and range from structural issues, such as lack of affordable housing and racism, to specific individual vulnerabilities (e.g., severe and persistent disabling condition(s)) and housing barriers (e.g., criminal record, prior evictions, or having little to no income). This assessment is intended to be brief and least invasive, so the questions in this tool do not account for all the possible factors associated with housing stability, but rather factors that most directly affect an individual or family's ability maintain housing with or without assistance. These items were narrowed down by representatives from RRH providers to best meet the needs of our community.

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ANNUAL RRH Client SERVICE NEEDS ASSESSMENT

DATE COMPLETED:________________________

CLIENT NAME:__________________________

Part 1: Client INTERVIEW

Today we will discuss your current service needs. This assessment will be used to determine whether your service needs have changed, if you need to be referred to services in the community, or would be better served by another programing or housing option.

***This assessment should not be given to the resident to fill out, but rather be used for interviewing purposes.**

Question	Client Response	Case Manager Notes	Intervention Needed?
Are you currently receiving supportive services in the community that I may not be aware of?	☐ Yes ☐ No		
Do you have family members, friends, and/or other social support systems established in the community?	☐ Yes ☐ No		
When was your last physical health exam (mm/yyyy)?	____/____/____		
When was your last dental exam (mm/yyyy)?	____/____/____		
If you have a mental health provider, when is the last time you saw that person?	____/____/____ ☐N/A		

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Question	Client Response	Case Manager Notes	Intervention Needed?
Do you need help contacting or reconnecting to your physical, dental, or mental healthcare provider?	☐ Yes ☐ No		
Did you have any of the following safety concerns over the past year?	☐ Fire-Setting ☐ Homicidal Ideation ☐ Attempt at Homicide ☐ Suicidal Ideation ☐ Suicide Attempt ☐ Assaultive Behavior ☐ Hx of Overdose ☐ Frequent Police Runs/911 Calls (Health Related ☐ Frequent Police Runs/911 Calls (Safety Related ☐ IV Drug Usage		
Are there any services that you need that you aren't currently receiving?	☐ Yes ☐ No		
Is there anything you are interested in doing in the next year?	☐ Yes ☐ No		
Are you interested in receiving more information in any of the following areas this year?	☐ Benefits Planning Services ☐ Competitive Work/Supported Employment Program ☐ Transitional Employment/Work Adjustment Program ☐ GED Classes and Testing ☐ Vocational Assessment ☐ Community Based Assessment ☐ Job Readiness Activities and/or Groups	☐ Literacy/Learning Disability Assessment ☐ Functional Capacity Assessment ☐ Job Development/Placement Services ☐ Job Coaching/Job Training ☐ Vocational School/Trade School ☐ Apprentice Program ☐ Financial Literacy training	

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Question	Client Response	Case Manager Notes
For how many months have you consistently paid your rent during the last three years?	________________ ☐ N/A (client has 0 rent)	
Do you have any current physical health issues that contribute to housing instability?	☐ Yes ☐ No	
Do you have any current mental health symptoms that contribute to housing instability?	☐ Yes ☐ No	
Do you have a regular source of income, earned or through benefits, for the last 6 months?	☐ Yes ☐ No	
Do you currently have any open criminal cases or active warrants?	☐ Yes ☐ No	
Have you or any member of the household been convicted of or pled guilty to a crime in the past 12 months?	☐ Yes ☐ No	

Question	Client Response	Case Manager Notes
If so, was the conviction one of the following?	☐ Drug-related ☐ Crime against another person including domestic violence ☐ A felony ☐ N/A	
Do you have any of the following barriers to housing?	☐ Hx of Arson ☐ Hx of Sexual Offense(s) ☐ Large amount of money due to landlord(s) ☐ Utility Arrears	

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	☐ Cannot receive a Section 8 voucher ☐ Hx of Evictions	
Do you need any Criminal Justice and Legal Services: Legal counseling and immigration Services?	☐ Yes ☐ No	

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Rate the following questions on a scale from 1 to 5. (1 = no concerns/need less help than receiving, 3 = some concerns/amount of help is sufficient, 5 = significant concerns/need more help then receiving.)				
Question	**Last Year** (Please fill in prior to assessment based on last year's assessment. If first annual, mark "N/A")	**This Year**	**Why this rating?**	**Case Manager Notes**
How has this past year been for you?				
How do you rate your ability to find day care if needed?				
How do you rate your ability to ask for maintenance on your unit?				
How do you rate your ability to manage your finances?				
How do you rate your ability to shop for and prepare food?				
How do you rate your ability to care for your personal appearance and hygiene?				
How do you rate your ability to obtain and utilize transportation?				
How do you rate your ability to find and utilize community resources?				

Part 2: STAFF ASSESSMENT & RECOMMENDATIONS

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Please check the appropriate box.

Need Dimension Based on *Recent* Client History	Service Need Level				
	1	2	3	4	5
Physical Health	No known health issues, or health issues do not impair functioning ☐	Known health issues impair some functioning, client receiving medical care. ☐	Known health issues impair most functioning, client receiving Treatment ☐	Known health issues impair most functioning, a higher level of care needs to be considered for client. ☐	Client has known health concerns and is refusing treatment. ☐
Living Skills, including Budgeting	Does not require staff assistance ☐	Initiates meeting with staff to express concerns/issues and develop a plan for resolution, but pursues resolutions independently with mostly successful results/ ☐	Requires occasional (once every 2 to 3 months) staff intervention to participate in PSH supportive services plan and related treatment. ☐	Requires frequent (once a month) staff intervention to participate in PSH supportive services plan and related treatment. ☐	Requires continual/consistent (weekly or more) outreach/assistance to participate in PSH supportive services plan and related treatment. ☐
Basic Needs: food, clothing, hygiene	Needs met for 1 year ☐	Needs met for less than 1 year ☐	Requires help to meet needs ☐	Minimally met ☐	Unmet ☐
Benefits and Income Stream	Has income and has maintained it for 1 year ☐	Has income and has maintained it for less than 1 year ☐	Requires help to maintain ☐	Applied for but not received ☐	None; not applied for ☐
Mental Health Challenges	None apparent for 1 year ☐	None apparent for less than 1 year ☐	Occasional minor impairment ☐	Frequent minor impairment ☐	Frequent major impairment ☐
Substance Abuse	None apparent for 1 year	None apparent for less than 1 year	Occasional minor abuse	Frequent minor abuse	Frequent major abuse

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	☐	☐	☐	☐	☐
Crisis Incidents	Limited or appropriately handled for 1 year ☐	Limited or appropriately handled for less than 1 year ☐	Intermittent crises, usually not appropriately handled ☐	Frequent crises, usually not appropriately handled ☐	Continual crises ☐
Engagement in Services	Doesn't need services ☐	Needs and uses Services ☐	Needs and occasionally uses ☐	Needs and rarely uses ☐	Needs, but refuses ☐

Level of Case Management Need Based on Highest Level of Need Indicated Above	
☐ Very Low Intensity (highest rating=1)	Self-Management, Monthly Face to Face Meetings,
☐ Low Intensity (highest rating=2)	Monthly Face to Face Meetings
☐ Medium Intensity (highest rating=3)	Weekly Face to Face Meetings
☐ High Intensity (highest rating=4)	Daily or Multiple Weekly Face to Face Meetings
☐ Very High Intensity (highest rating=5)	Daily or Multiple Weekly Face to Face Meetings and/or May Have Higher Level of Need than PSH

If the score doesn't reflect an increase in intensity, but an increase is needed please justify below:

____

____

____

Has an Incident Report had to be generated on the client in last 12 months for safety concerns?
☐ Yes ☐ No

Are there any significant safety concerns? ☐ Yes ☐ No

Staff Member Signature: ______________________________ Date: ______/______/______

Supervisor Signature: ______________________________ Date: ______/______/______