

Unified Supportive Housing System (USHS)
SEVERITY OF SERVICE NEEDS SCREENING INTERVIEW TOOL

Consent for Interview

With **your permission**, you will be asked some questions to determine if your service needs are a priority for Permanent Supportive Housing.

Some things you should know before we begin:

- ☐ In this interview we will discuss your housing, health and service needs.
- ☐ All of the information shared today will be confidential and only authorized agencies will be able to access and review your information.
- ☐ Completing this screening does not guarantee placement in Permanent Supportive Housing.
- ☐ You may not get an immediate response to this assessment so please continue to work with us around potential housing options.
- ☐ If at any time, you feel uncomfortable or upset, you may ask me to take a break, stop or to skip a question.

At the conclusion of this screening we will discuss next steps. Do you have any questions at this time?

PLEASE SIGN BELOW YOUR INFORMED CONSENT TO BE INTERVIEWED AND SCREENED

Your signature (or mark) below indicates that you have read (or been read) the information provided above and have gotten answers to your questions.

Signature or Mark of Prospective Applicant

Date

Printed name of Prospective Applicant

Interviewer's Printed Name

Date

Location

Time

DOMAINS 1-3:

Significant Challenges Or Functional Impairments, Including Any Physical, Mental, Developmental Or Behavioral Health Disabilities Regardless Of The Type Of Disability, Which Require A Significant Level Of Support In Order To Obtain Or Maintain Permanent Housing
(This Factor Focuses On The Level Of Support Needed And Is Not Based On Disability Type)

1. Within the past five years, have you ever had to leave an apartment, shelter program, or other place you were staying because of your health? Please tell me about that?		Refused <input type="checkbox"/>
2. Do you use drugs or alcohol? Tell me, please, about what and how often you use?		Refused <input type="checkbox"/>
3. Have you ever had an overdose?		Refused <input type="checkbox"/>
4. Have you ever spent so much of your income on drugs or alcohol that you could not pay your rent or could not afford food?		Refused <input type="checkbox"/>
5. Do you have significant challenges or health conditions that make it hard to obtain and maintain housing?		Refused <input type="checkbox"/>
6. What kinds of supports do you feel you need to live on your own? What have other people told you that they think you need to be successful living on your own?		Refused <input type="checkbox"/>
7. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?		Refused <input type="checkbox"/>
8. Are there any medications that you are supposed to be taking for a health condition that you are not taking as prescribed?		Refused <input type="checkbox"/>
9. Were you diagnosed with a developmental disability (physical, learning, language, or behavior) before the age of 18? Examples: ADHD, Autism, Cerebral Palsy, Hearing Loss, Intellectual Disability, Learning Disability, Vision impairment.		Refused <input type="checkbox"/>

DOMAIN 4:

High Utilization of Crisis or Emergency Services to Meet Basic Needs, Including But Not Limited to Emergency Rooms, Jails and Psychiatric Facilities

10. In the past 12 months how many times has 911 been called to assist you? What was going on with you those times that led to 911 being called?		Refused <input type="checkbox"/>
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11. In the past six months, how many times have you taken an ambulance to the hospital? What conditions did the hospital treat you for?		Refused <input type="checkbox"/>
12. In the past six months, how many times have you used a crisis service, including <ul style="list-style-type: none"> • Emergency rooms_____ • Police _____ • Jail _____ or • Suicide hotlines_____? 		Refused <input type="checkbox"/>
13. In the past year, how many times have you hospitalized as an inpatient? What conditions were you treated for? When you were released, did you follow-up with a doctor like you were advised?		Refused <input type="checkbox"/>
14. Have you been to Netcare 4 times in the past 30 days? Or have you been to Netcare 12 or more times in one year?		Refused <input type="checkbox"/>
DOMAIN 5: Vulnerability to Victimization		
15. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?		Refused <input type="checkbox"/>
16. Do you ever do things that may be considered to be risky, like trade sex for money, share needles, or spend time with people who mistreat you?		Refused <input type="checkbox"/>
17. Has your current period of homelessness been caused by an experience of abuse or by any other trauma you have experienced?		Refused <input type="checkbox"/>
18. Do you identify as LGBTQI? How has that impacted your experiences? Does it make you feel unsafe?		Refused <input type="checkbox"/>
19. Have you experienced violence during your time homeless?		Refused <input type="checkbox"/>
20. Have you been robbed, swindled, or taken advantage of financially? Do you give money to others?		Refused <input type="checkbox"/>
21. Do you have a support system, such as friends, family, or other people you can count on?		Refused <input type="checkbox"/>

DOMAIN 6:
Vulnerability to Illness or Death

22. Do you currently have any serious chronic health conditions, such as cirrhosis of the liver, renal disease, diabetes or heart disease?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
23. Have you had more than three hospitalizations in the past three months?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
24. Do you have a life threatening condition?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
25. Are you over 60 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
26. Have you suffered a very significant loss in the past year?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

DOMAIN 7:
Barriers to Housing/Risk of Continued Homelessness

27. Do you have steady income from work, a disability benefit or other regular source that could be enough to pay for housing?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
28. Have you ever been in jail, arrested, or accused of a crime or criminal activity (even if it wasn't true)?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
29. Have you had any evictions, been asked to leave or abandoned housing within the past seven years? How many times has this happened?	<input type="checkbox"/> 2 or More Evictions in the past seven years (1 risk factor) <input type="checkbox"/> Less than 2 Evictions in the past seven years. <input type="checkbox"/> No evictions (Go to Question 31)	Refused <input type="checkbox"/>
30. When was your last eviction?	<input type="checkbox"/> One Eviction within the past 12 months (1 risk factor) <input type="checkbox"/> No evictions within the past 12 months.	
31. Do you have any legal stuff going on right now that could result in you being locked up, have to pay fines, or make it more difficult to rent a place to live?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
32. Does your credit history include a judgment for debt to a landlord? Have you had a foreclosure or filed bankruptcy in the last 7 years?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
33. Does your criminal history include Arson, Placement on Sex Offender Registry, Production of Crystal Meth, Drug offenses or crimes against persons or property?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>

34. Within the last year did you participate in a Rapid Rehousing Program? If you are/were in Rapid Rehousing, are/were you able to maintain housing independently after you exit/ed the program?	<input type="checkbox"/> YES; YES <input type="checkbox"/> YES; NO (1 risk factor) <input type="checkbox"/> NO; N/A	Refused <input type="checkbox"/>
35. Have you ever been in Permanent Supportive Housing (PSH) <u>and</u> exited unsuccessfully?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
DOMAIN 8: Other Factors Determined By the Community that are Based on Severity of Needs		
36. Are you between 18-24 years old?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
37. Do you have legal custody of any minor children that will be living with you?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
38. Are you currently pregnant?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
39. Are there more than 6 people in your household?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
40. Is there a person in your household besides you that has a significant disability?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
41. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
42. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting enough food and water on your own?	<input type="checkbox"/> YES <input type="checkbox"/> NO (1 risk factor)	Refused <input type="checkbox"/>
43. Do you identify as a racial or ethnic minority?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
44. Before the age of 18 were you ever kicked out of or run away from a parent or guardian's home? Have you ever had to live on your own because you couldn't live with your caregiver?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>
45. Before the age of 18 were you placed, in foster or kinship care, or a group home?	<input type="checkbox"/> YES (1 risk factor) <input type="checkbox"/> NO	Refused <input type="checkbox"/>