

Family: _____

Homeless Prevention /Rapid Re-housing Program Assessment

Dated: _____

Agency: _____

Case Manager: _____

Phone: _____

Southwest Nebraska Continuum of Care on Housing & Homelessness

HPRP Coordinator, Community Action Partnership of Mid-Nebraska, 16 W. 11th Street, PO Box 2288, Kearney, NE 68848-2288
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Instructions: After screening for eligibility, Case Manager interviews client to identify needs and barriers to housing stability while completing (1) *Assessment*; (2) *Agency Intake*; (3) *HMIS Release of Information*; and (4) *Housing Plan*. Case Manager forwards completed documents to HPRP Coordinator. HPRP Coordinator reviews eligibility, approves participation, provides program support and ensures compliance with HUD regulations. Case Manager works with client to complete Housing Plan, submits to HPRP Coordinator supporting documentation and requests for funds, and prepares client for program exit. Level 1 applicants complete Assessment Sections 1-3 + page 8; Level 2 & 3 applicants complete the entire Assessment.

Barriers to Housing Stability:

- | | |
|--|---|
| <input type="checkbox"/> No rental history | <input type="checkbox"/> Debts |
| <input type="checkbox"/> Large family (3+ children) | <input type="checkbox"/> Repeated or chronic homelessness |
| <input type="checkbox"/> Single parent household | <input type="checkbox"/> Recent history of substance abuse or actively using drugs or alcohol |
| <input type="checkbox"/> Head of household under 18 | <input type="checkbox"/> Recent criminal history |
| <input type="checkbox"/> Sporadic employment history | <input type="checkbox"/> Adult or child with mild to severe behavioral problems |
| <input type="checkbox"/> No high school diploma or GED | <input type="checkbox"/> History of abuse and/or battery, but abuser not in the home |
| <input type="checkbox"/> Insufficient or no income | <input type="checkbox"/> Recent or current abuse and/or battering (client fleeing abuser) |
| <input type="checkbox"/> No or poor credit history | |

What are the three problems that are threatening your current housing situation and/or have put you in the position of needing help with your rent and/or utilities?

1. _____

2. _____

3. _____

Please list the agencies you have worked with in the past, or are currently working with:

Section 1 – SHELTER (HOUSING & UTILITIES): To assess changes in the overall stability and safety of a client’s housing situation.

HOUSING

- Do you own or rent?** own rent
- Are you able to pay your rent/mortgage on time most months?** Yes No
- Are you in danger of eviction *within the next two weeks*?** Yes No
- Do you owe any back rent?** Yes No
If yes, how much _____
- Is the eviction due to the rental property being foreclosed?** Yes No
- Is your home in need of significant repair or maintenance?** Yes No
If yes, what is in need of repair? _____
- If you rent, has your landlord been negligent on requested maintenance?** Yes No
- Has your house been condemned by housing officials and is no longer meant for human habitation?** Yes No
- Do you/your family have credit problems that preclude obtaining housing?** Yes No
- How long have you lived at your current location?** _____
How long have you lived in this county? _____ In Nebraska? _____
How many times have you moved in the last ten years? _____
How long did you live at your previous address? _____
Why did you move from your last residence? _____
Do you have family/friends who live in this county? Yes No
What was your reason for moving here? _____
- Is your home overcrowded, that is, does the number of persons living in your house exceed health and/or safety standards for the housing unit size?** Yes No
Is living “doubled up” a violation of your rental lease agreement? Yes No
- Are you currently enrolled in a rental assistance program?** Yes No
If yes, through which agency? _____
- Is your current housing classified as “affordable housing”?** Yes No
- Have you ever been in a temporary living situation?** Yes No
If so, when and for how long? _____ What city/state? _____
- Have you ever been in a shelter before?** Yes No
If so, when? _____ If so, what shelter? _____
- Were you homeless continuously over the last 12 months?** Yes No
Have you been homeless four times within the past three years? Yes No

UTILITIES

- Does your household have these basic utilities?** Phone Electricity Natural Gas Water
- Have you been able to pay your utility bills on time?** Yes No
- Do you have any overdue utility bills?** Yes No
If yes, how much? \$ _____ Utility company? _____
\$ _____ Utility company? _____
- Have you had a sudden and significant increase in utility costs?** Yes No
- Are you currently enrolled in any utility assistance programs?** Yes No

Percentage of total income spent on shelter (housing & utilities) _____ %
Goal is 30% or less

Risk Matrix

- Level 1** – Homeless or threatened with eviction.
- Level 2** – In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of monthly income).
- Level 3** – In stable housing that is safe but only marginally adequate.
- Level 4** – Household is in safe, adequate, subsidized housing.
- Level 5** – Household is in safe, adequate, unsubsidized housing.
- Level 6** – Not applicable.

Section 2 – EMPLOYMENT: To assess changes in a client’s job stability and the adequacy of earned income and employment benefits.

Employment in the last 30 days

Please list all who work and where *(Please bring verification of your income to your agency visits)*

_____ is employed by _____ since _____
 _____ is employed by _____ since _____

Total household monthly earned income \$ _____

If You Are Unemployed

Have you had a sudden and significant loss of income? Yes No

If yes, please explain _____

Did you receive a severance package? Yes No

If yes, how much _____

Are you physically/emotionally able to work? Yes No

If no, please explain _____

How long have you been unemployed? _____

Have you been looking for work? Yes No

If no, please explain _____

Have you ever been fired from a job? Yes No

If yes, please explain _____

What has been the longest amount of time you’ve worked in a job? _____

Are there barriers which have kept you from working? Yes No

If so, please explain _____

Are you involved in a job training program? Yes No

If yes, please describe _____

Risk Matrix

- Level 1** – No job.
- Level 2** – Temporary, part-time or seasonal; inadequate pay, no benefits.
- Level 3** – Employed full-time, inadequate pay; few or no benefits.
- Level 4** – Employed full-time with adequate pay and benefits.
- Level 5** – Maintains permanent employment with adequate income and benefits.
- Level 6** – Not applicable.

Section 3(a) - INCOME & BUDGETING: To assess a household’s income, debt and credit status before and after program participation.

EARNED INCOME

Please list all who work and where *(Please bring verification of your income to your agency visits)*

_____ earns \$_____ per hour x _____ hours per wk x 4 wks = \$_____ Gross per month
 _____ earns \$_____ per hour x _____ hours per wk x 4 wks = \$_____ Gross per month

Total household monthly earned income \$ _____

OTHER SOURCES OF INCOME & MAINSTREAM BENEFITS

Do you receive: (circle) WIC CSFP Food Stamps None

Please list the following gross **amounts of income per month** *(Please bring verification to your agency visits)*

ADC/TANF \$_____ Child Support \$_____ Food Stamps \$_____

Court ordered? ___ Received? ___

SSA \$_____ SSDI \$_____ SSI \$_____ Unemployment \$_____ Veteran’s Benefits \$_____

Worker’s Comp \$_____ Other \$_____

please describe

Including Earned Income, total household gross monthly income \$ _____

Is the household income less than 50% of the area median income? Yes No

BUDGETING Note: Also complete Income & Expense Worksheet on Page 9

Do you make up a monthly budget? Yes No

How much money, if any, do you save per month? \$ _____

Do you have concerns about money management? Yes No

Do you have past-due bills that have been turned over to a collection agency(ies)? Yes No
Do you owe on a student loan? Yes No

Do you have a significant amount of medical debt? Yes No
If so, what is the total of your past-due medical bills? \$ _____

Do you owe money from beyond the past month on your credit cards? Yes No
If yes, approximately how much money do you owe?
 \$100 or less \$101-500 \$501-1,000 \$1,001-5,000 \$5,000+ \$ _____

How many credit cards do you have debt on? 1 2 3 4 5 ____

Risk Matrix

- Level 1 – No income.
- Level 2 – Inadequate and/or spontaneous or inappropriate spending.
- Level 3 – Can meet basic needs with subsidy; appropriate spending.
- Level 4 – Can meet basic needs and manage debt without assistance.
- Level 5 – Income is sufficient, well managed; has discretionary income and is able to save.
- Level 6 – Not applicable.

Section 4 - FOOD & NUTRITION: to assess changes in a client’s ability to meet basic food needs.

Risk Matrix

- Level 1 – No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.
- Level 2 – Household is on food stamps.
- Level 3 – Can meet basic food needs, but requires occasional food assistance.
- Level 4 – Can meet basic needs without assistance.
- Level 5 – Can choose to purchase any food household desires.
- Level 6 – Not applicable.

Section 5 - CHILD CARE: to assess a client’s ability to secure adequate, reliable and affordable childcare.

Risk Matrix

- Level 1 – Needs child care, but none is available/accessible and/or child is not eligible.
- Level 2 – Childcare is unreliable or unaffordable, inadequate; supervision is a problem for childcare that is available.
- Level 3 – Affordable subsidized child care is available, but is limited.
- Level 4 – Reliable, affordable child care is available, no need for subsidies.
- Level 5 – Able to select affordable child care of choice.
- Level 6 – Not applicable.

Section 6 - CHILDREN’S EDUCATION: to assess changes in a child’s school enrollment and class attendance.

Risk Matrix

- Level 1 – One or more school-aged children not enrolled in school.
- Level 2 – One or more school-aged children enrolled in school, but not attending classes.
- Level 3 – Enrolled in school, but one or more children only occasionally attending.
- Level 4 – Enrolled in school and attending classes most of the time.
- Level 5 – All school-aged children enrolled and attending on a regular basis.
- Level 6 – Not applicable.

Is child enrolled in free or reduced school lunch program? Yes No
Were you able to obtain basic school supplies? Yes No
Are there other school-related needs? Yes No

Section 7 - ADULT EDUCATION: to assess changes in a client’s literacy, training and education level.

Risk Matrix

- Level 1 – Literacy problems and/or no high school diploma/GED are serious barriers to employment.
- Level 2 – Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.
- Level 3 – Has high school diploma/GED.
- Level 4 – Needs additional education/training to improve employment situation and/or to solve literacy problems to where they are able to function effectively in society.
- Level 5 – Has completed education/training needed to become employable. No literacy problems.
- Level 6 – Not applicable.

Section 8 - HEALTH CARE COVERAGE: to assess changes in the accessibility, affordability and adequacy of a client's medical health coverage.

Risk Matrix

- **Level 1** – No medical coverage with immediate need.
- **Level 2** – No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.
- **Level 3** – Some members (e.g. children) on public health plan.
- **Level 4** – All members can get medical care when needed, but may strain budget.
- **Level 5** – All members are covered by affordable, adequate coverage.
- **Level 6** – Not applicable.

Section 9 - LIFE SKILLS: to assess changes in an individual's ability to meet basic needs of daily living without assistance.

Risk Matrix

- **Level 1** – Unable to meet needs of hygiene, food, activities of daily living.
- **Level 2** – Can meet a few but not all needs of daily living without assistance.
- **Level 3** – Can meet most but not all needs of daily living without assistance.
- **Level 4** – Able to meet all needs of daily living without assistance.
- **Level 5** – Able to provide beyond basic needs of daily living for self and family.
- **Level 6** – Not applicable.

Section 10 - FAMILY RELATIONS: to assess changes in the level of family support and family resources available to a client.

Have you or any member of your family witnessed or experienced any abuse (physical, emotional, sexual or verbal)?

Yes No

If yes, please explain:

Are you currently, or have you in the past, been involved with Child Welfare or the Foster Care system?

Yes No

If so, please explain:

Have you/your family experienced a recent traumatic life event, such as the death of a spouse or primary care provider, or a recent health crisis that prevented your household from meeting its financial responsibilities?

Yes No

If so, please explain:

Risk Matrix

- **Level 1** – Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.
- **Level 2** – Family/friends may be supportive, but lack resources or ability to help; family members do not relate well to one another; potential for abuse or neglect.
- **Level 3** – Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.
- **Level 4** – Strong support from family or friends. Household members support each others' efforts.
- **Level 5** – Has healthy/expanding support network; household is stable and communication is consistently open.
- **Level 6** – Not applicable.

Section 11- MOBILITY: to assess changes in a client's access to safe, reliable, affordable transportation.

Risk Matrix

- **Level 1** – No access to transportation, public or private; may have car that is inoperable.
- **Level 2** – Transportation is available but unreliable, unpredictable or unaffordable; may have car but no insurance, license, etc.
- **Level 3** – Transportation is available, reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.
- **Level 4** – Transportation is generally accessible to meet basic travel needs.
- **Level 5** – Transportation is readily available and affordable, car is adequately insured.
- **Level 6** – Not applicable.

Section 12 - COMMUNITY INVOLVEMENT: to assess changes in a client's level of involvement in community-based social activities.

Do you attend church? Yes No
If so, where? _____
Are you involved with any community organizations, groups, clubs, etc.? Yes No
If so, what? _____

Risk Matrix

- Level 1** – Not applicable due to crisis situation; in “survival” mode.
- Level 2** – Socially isolated and/or no social skills and/or lacks motivation to become involved.
- Level 3** – Lacks knowledge of ways to become involved.
- Level 4** – Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.
- Level 5** – Actively involved in community.
- Level 6** – Not applicable.

Section 13 - PARENTING SKILLS: to assess changes in the adequacy of parenting skills of parents and legal guardians before and after participation.

Risk Matrix

- Level 1** – There are safety concerns regarding parenting skills.
- Level 2** – Parenting skills are minimal.
- Level 3** – Parenting skills are apparent but not adequate.
- Level 4** – Parenting skills are adequate.
- Level 5** – Parenting skills are well developed.
- Level 6** – Not applicable.

Section 14 – LEGAL: to assess changes in a client's involvement in the criminal justice system and compliance with terms of probation/parole.

Do you need help obtaining a Driver's License? Yes No
Social Security Card? Yes No
Birth Certificate? Yes No

Are you an (please circle) **Asylee** **Refugee** **Legal Alien** **Undocumented**

Have you ever been incarcerated in a prison or jail? Yes No
If yes, what is the total number of your incarcerations? _____ Felonies? _____ Misdemeanors? _____

Were you discharged within the past two weeks from a prison or jail in which you had been a resident for more than 180 days? Yes No

Does Child Support Enforcement garnish your wages for back child support? Yes No

Are you involved in any lawsuits? Yes No

Risk Matrix

- Level 1** – Currently outstanding tickets or warrants.
- Level 2** – Current charges/trial pending, compliance with probation/parole.
- Level 3** – Fully compliant with probation/parole terms.
- Level 4** – Has successfully completed probation/parole within past 12 months, no new charges filed.
- Level 5** – No active criminal justice involvement in more than 12 months and/or no felony criminal history.
- Level 6** – Not applicable.

Section 15 - MENTAL HEALTH: to assess changes in the severity of a client's mental health symptoms.

Do you frequently feel overwhelmed, sad or angry? Yes No
If yes, please explain:

Does your life often feel out of control? Yes No
If yes, please explain:

Do you have friends or family with whom you feel comfortable discussing the difficult parts of your life with? Yes No

Including yourself, is there anyone in your family who you feel could benefit from seeing a therapist? Yes No

Were you discharged *within the past two weeks* from a mental health hospital in which you had been a resident for more than 180 days?

Yes No

Have you ever been hospitalized in a mental health treatment facility?

Yes No

Do you take medications for a diagnosed mental health condition?

Yes No

Can you afford to fill your prescription(s)?

Yes No

Do you have doctor or counselor appointments scheduled?

Yes No

If yes, with whom and when? _____

TRAUMATIC BRAIN INJURY ASSESSMENT:

- Have you ever hit your head or been hit on the head? Yes No
- Did you go to the emergency room? Yes No
- Did you lose consciousness, or were you dazed or confused? Yes No
- Did you have any problems afterwards such as with your memory, paying attention, staying focused or with headaches, etc.? Yes No

Risk Matrix

- Level 1** – Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.
- Level 2** – Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health issues.
- Level 3** – Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.
- Level 4** – Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.
- Level 5** – Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.
- Level 6** – Not applicable.

Section 16 - SUBSTANCE ABUSE: to assess changes in the severity of a client’s substance abuse/dependence.

How many times in the past year have you had (X) or more drinks in a day? [X = 5 for men] [X = 4 for women] _____

	Last Used	Amount	Frequency
Alcohol			
Cannabis			
Cocaine			
Methamphetamine			
Other:			

Have you experienced physical symptoms such as black-outs, tremors, DT’s? Yes No

What treatment did you receive? _____

Have you ever gone through detox? Yes No

What dates did you receive Inpatient and/or Outpatient treatment? _____ Completed? Yes No

Are you currently in treatment or involved with AA? Yes No

What is your longest period of sobriety? _____

What motivates you to be sober? _____

Behavioral problems due to chemicals:

DUI? Yes No Fines? Yes No Restitution? Yes No
 DWI? Yes No Fines? Yes No Restitution? Yes No

Risk Matrix

- Level 1** – Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.
- Level 2** – Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.
- Level 3** – Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.
- Level 4** – Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.
- Level 5** – No drug use/alcohol abuse in last 6 months.
- Level 6** – Not applicable.

Section 3(b) - INCOME & EXPENSES WORKSHEET ~ Continued from Page 4

Calculate approximate monthly expenses for each category

Household Expenses	Amount	Service Provider
Rent	\$	
Lot rent	\$	
Utilities		
Electricity	\$	
Natural Gas/Propane	\$	
Water/Sewer/Trash	\$	
Transportation		
Car Insurance	\$	
Gasoline	\$	
Maintenance (oil, tires, etc.)	\$	
Service/repairs	\$	
Registration/Tags/Taxes	\$	
Prescriptions	\$	
Phones		
Cell	\$	
Home	\$	
Personal Care/Hygiene	\$	
Medical bills	\$	
Internet	\$	
Household Supplies/Laundry	\$	
Health Care	\$	
Food	\$	
Entertainment	\$	
Credit Card debt	\$	
Clothing	\$	
Cigarettes	\$	
Child Support	\$	
Back Child Support	\$	
Child care	\$	
Cable/Satellite	\$	
Baby Food/Formula, Diapers	\$	
Alcohol	\$	