

Best Single Source Plus ESG-CARES [CV] Program Housing Stability Assessment

Client Name: _____

Client SP ID #: _____

Document attempts to contact client below for exit, include date and method (ex: phone, mail, email, in-person)

EXIT	
Attempt #1	Date: Method:
Attempt #2	Date: Method:
Attempt #3	Date: Method:

Reminder: if unable to contact client, name/number of back-up contact listed on program agreement.

**If client is
Housing
Stable, the
answer
should be:**

		ENTRY		EXIT	
Staff: _____		Staff: _____		Staff: _____	
Date: _____		Date: _____		Date: _____	
Were you able to reach the client? <input type="checkbox"/> Yes; client completed assessment		Were you able to reach the client? <input type="checkbox"/> Yes; client completed assessment		Were you able to reach the client? <input type="checkbox"/> Yes; client completed assessment	
Client must complete entry assessment.		<input type="checkbox"/> Yes; CM completed assessment <input type="checkbox"/> Yes; unable to complete assessment <input type="checkbox"/> No; CM completed assessment <input type="checkbox"/> No; unable to complete assessment		<input type="checkbox"/> Yes; CM completed assessment <input type="checkbox"/> Yes; unable to complete assessment <input type="checkbox"/> No; CM completed assessment <input type="checkbox"/> No; unable to complete assessment	
		Yes/No (Circle One)		Yes/No (Circle One)	
Question	YES	YES	NO	YES	NO
Do you have a signed lease/mortgage/written housing agreement?	YES	YES	NO	YES	NO
<u>Without</u> program assistance, can you pay your mortgage, rent, and utilities and have enough money left over for basic needs? <i>See below for examples of basic needs.</i>	YES	YES	NO	YES	NO
<u>Without</u> program assistance, can you maintain your housing for the next six months?	YES	YES	NO	YES	NO
Required: please describe the <u>specific crisis</u> that threatens your housing. <i>See below for a list of specific crisis options.</i>		Describe (required):		Describe (required):	
Is your housing physically safe and healthy?	YES	YES	NO	YES	NO
Are you safe with your current household members?	YES	YES	NO	YES	NO
HOUSING STABLE ACCORDING TO CLIENT?	YES	NO	N/A	YES	NO
HOUSING STABLE ACCORDING TO CM?	YES	NO	N/A	YES	NO
HOUSING STABLE?	YES	NO		YES	NO

HMIS options for Specific Crisis:

- ♦ Loss of income
- ♦ Loss of roommate/household member
- ♦ Medical Expenses
- ♦ Natural Disaster
- ♦ Increase in housing costs
- ♦ Domestic Violence
- ♦ Current Homelessness
- ♦ Recent or pending eviction
- ♦ Personal or Family illness
- ♦ Recent Disability
- ♦ Loss of housing subsidy
- ♦ Theft or loss of money
- ♦ Food/Hygiene
- ♦ Other

Basic Needs Examples*:

- | | |
|--|--|
| <p>Acceptable:</p> <ul style="list-style-type: none"> ♦ Clothing ♦ Medical Costs ♦ Transportation | <p>Not Acceptable:</p> <ul style="list-style-type: none"> ♦ Cable ♦ Internet |
|--|--|

*Based on professional judgment of case manager