GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF HUMAN SERVICES



Family Services Administration

Homeless Services

Permanent Supportive Housing Program

**Vulnerability assessment for homeless households**

*This assessment is used to determine eligibility for DHS’ Permanent Supportive Housing program for vulnerable homeless individuals and families.*

*The assessment should be administered by a social worker, case manager, outreach worker or other professional to the client. It can be accompanied by a letter with any additional information that might shed light on the client’s situation. Under no circumstance should it completed directly by the client or given to the client to return to DHS.*

*The assessment can be returned to DHS by :*

* *Mail or delivery to DHS - Homeless Services – 64New York Avenue 5th Floor – Washington DC 20002,*
* *Fax (202-442-6355)*
* *Email (*[*bettie.berkely@dc.gov*](mailto:bettie.berkely@dc.gov) *or any other member of the PSH team).*

*Inquiries regarding the status of the assessment should be directed to Ms Berkely (202 698 4166).*

1 - Interviewer

Last Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # : (\_\_\_) \_\_\_\_-\_\_\_\_\_\_ Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 – Date of interview : \_\_\_/\_\_\_/\_\_\_\_\_\_ Time of interview : : AM/PM

3 – Location of interview : (*enter as appropriate*)

Shelter / Program/Facility :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outreach area : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other location information : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client and household information**

4 – Last Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 – First Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 – Middle Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7 – Nickname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 – Date of birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9 – SSN : \_\_\_/\_\_/\_\_\_\_

10 - Do you have dependent children in your custody who would move in with you if you obtained housing ? Yes ❑ No ❑

**If yes, please ask questions with** 🚹🛉 **and ignore questions with** 🚹**. If no, please ask questions with** 🚹 **and ignore questions with** 🚹🛉**.**

🚹🛉11 - Other adults in household (who would move in with you if you obtained housing)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Date of birth | SSN | Relationship to you (spouse, parent, etc) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

🚹🛉12 - Children in household (who would move in with you if you obtained housing)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First Name | Date of birth | SSN | Relationship to you (child, grand-child, etc) |
|  |  |  |  |  |
|  |  |  |  |  |
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**Demographic information**

13 – Gender : Male ❑ Female ❑ Transgender ❑

14 – Race :

White / Caucasian ❑ Black/African American ❑ Asian ❑

Amer. Indian / Alaska Nat. ❑ Nat. Hawaiian / Pacific Islander ❑

Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15 – Hispanic origin : Yes ❑ No ❑ Unknown ❑

16 – *DO NOT ASK* – English fluent (spoken) Yes ❑ No ❑

17 – What is your primary language ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Homelessness**

18 - When was the last time you were not homeless ? \_\_/\_\_\_/\_\_\_\_\_\_\_(date)

🚹🛉 19 - How many separate episodes of homelessness have you had in the past 2 years ? Number :

🚹🛉20 - In total, how long have you been homeless in your lifetime ?

Years : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & Months : \_\_\_\_\_\_\_\_\_\_\_\_\_\_

21 – Where do you currently sleep most often (*Please check one*)

Own home / apartment ❑ Family/Friends’ home ❑ Treatment/Hospital ❑

Jail/Prison ❑ Hotel/Motel ❑ Car/Van ❑ Abandoned building ❑

Outdoors ❑ Shelter ❑ Transitional Housing ❑ Other ❑

22 - What shelter/program/facility do you currently reside at ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23 - If you live with friends/family, what is their address ?

Street address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_\_

24 – Additional information on the location where you sleep :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25 - Where do you usually hang out during the day ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health information**

🚹 26 - Where do you usually go for healthcare ? (Note : circle one)

Unity at Upper Cardozo ❑ Unity at 801 ❑ Unity at NY ave shelter ❑

Unity at CCNV ❑ Unity Mobile Healthcare Clinic ❑ Other Unity clinic ❑

VA Medical Center ❑ Washington Hospital Center ❑ Howard University ❑

Providence ❑ George Washington ❑ Georgetown University Hospital ❑

Walker Jones Christ House ❑ Nowhere ❑

Other : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🚹🛉27 - Where do you and members of your household usually go for healthcare ?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

28 - Do you have now, or have you ever had, or has a healthcare provider ever told you that you have any of the following medical problems ? (*check as appropriate*)

28 a - Kidney disease/Renal Disease or Dialysis ❑

28 b - Liver disease, cirrhosis, end-stage liver disease, or HEP C ❑

28 c - Heart disease, arrythmia, or irregular heartbeat ❑

28 d - HIV+/AIDS ❑

28 e – Emphysema ❑

28 f - Diabetes (ie "sugar problems") ❑

28 g – Asthma ❑

28 h – Cancer ❑

28 i – Stroke ❑

28 j – Tuberculosis ❑

28 k – Epilepsy / Seizure disorder ❑

28 l – Hypertension / High blood pressure ❑

28 m – Severe sight or hearing impairment ❑

28 n – Rheumatoid arthritis ❑

28 o - Amputation or physical disability that limits your mobility ❑

28 p - History of frostbite, hypothermia or immersion foot ❑

28 q - Swollen, infected, open wounds, or ulcers on your skin ❑

28 r - Difficulty controlling your body functions ❑

29 - *DO NOT ASK* - Do you observe signs of serious physical health conditions ? Yes ❑ No ❑

🚹🛉30 - Does a member of your household (refers to persons referenced in questions 11 and 12) have, or has a healthcare provider ever told them that they have, any of the following medical problems ? Please indicate how many members of your household are affected.

|  |  |  |
| --- | --- | --- |
| *Medical issue* | *Check as appropriate* | *# of household members affected* |
| 30 a - Kidney disease/Renal Disease or Dialysis | ❑ |  |
| 30 b - Liver disease, cirrhosis, end-stage liver disease, or HEP C | ❑ |  |
| 30 c - Heart disease, arrhythmia, or irregular heartbeat | ❑ |  |
| 30 d - HIV+/AIDS | ❑ |  |
| 30 e – Emphysema | ❑ |  |
| 30 f - Diabetes (ie "sugar problems") | ❑ |  |
| 30 g – Asthma | ❑ |  |
| 30 h – Cancer | ❑ |  |
| 30 i – Stroke | ❑ |  |
| 30 j – Tuberculosis | ❑ |  |
| 30 k – Epilepsy / Seizure disorder | ❑ |  |
| 30 l – Hypertension | ❑ |  |
| 30 m – Severe sight or hearing impairment | ❑ |  |
| 30 n – Rheumatoid arthritis | ❑ |  |
| 30 o - Amputation or physical disability that limits mobility | ❑ |  |
| 30 p – History of frostbite, hypothermia or immersion foot | ❑ |  |
| 30 q - Swollen, infected, open wounds, or ulcers on the skin | ❑ |  |
| 30 r - Difficulty controlling body functions | ❑ |  |

🚹🛉31 - *DO NOT ASK* - Do you observe signs of serious physical health conditions in family members ? Yes ❑ No ❑

32 – Please tell me which of the following statements apply to your situation (*check as appropriate*)

32 a – I have abused alcohol or been told that I do ❑

32 b – I have used or I currently use drugs ❑

32 c – I have been in treatment for drug or alcohol abuse

|  |  |
| --- | --- |
| 🚹🛉 Additional statements for families only – refer to persons mentioned in questions 11 and 12 | # of household members affected |
| 🚹🛉 32 d – A member of my household has abused alcohol or been told that they did |  |
| 🚹🛉 32 e – A member of my household has used or is currently using drugs |  |
| 🚹🛉 32 f – A member of my household has been treated for drug or alcohol abuse |  |

33 - *DO NOT ASK* - Do you observe signs of symptoms of alcohol or substance abuse ? Yes / No

34 – Please tell me which of the following statements apply to your situation (circle as appropriate)

34 a – I have been diagnosed with a mental health condition

34 b – I have received or I am currently receiving treatment for mental health issues

34 c – I have been taken to hospital against my will (FD-12)

|  |  |
| --- | --- |
| 🚹🛉 Additional statements for families only – refer to persons mentioned in questions 11 and 12 | # of household members affected |
| 🚹🛉 34 d – A member of my household has been diagnosed with a mental health condition |  |
| 🚹🛉 34 e – A member of my household has received or is currently receiving treatment for a mental health condition |  |
| 🚹🛉 34 f – A member of my household has been taken to hospital against their will (FD 12) |  |

35 - *DO NOT ASK* - Do you detect signs or symptoms of severe, persistent mental illness ? Yes / No

36 - *DO NOT ASK* - Do you detect signs of active and untreated psychosis ?

Yes / No

🚹 37 - Have you been the victim of physical, emotional or sexual abuse in your life ?

Yes / No

🚹🛉 38 - Have you or your children been the victims of physical, emotional or sexual abuse in your life ? Yes / No

🚹🛉 39 - Are you or your children currently, or have you ever been, victims of domestic violence ? Yes / No

🚹 40 - Have you been the victim of a violent attack since you've become homeless ?

Yes / No

41 – Please answer the following questions regarding your use of hospital emergency room / inpatient services

|  |  |
| --- | --- |
| Question (questions with🚹🛉 apply to families only) | If yes, how many times ? |
| 41 a - Have you been to the hospital emergency room in the past 3 months ? |  |
| 41 b - Have you been an inpatient in the hospital in the past year ? |  |
| 🚹🛉 41 c - Has a member of your household been to the hospital emergency room in the past three months ? |  |
| 🚹🛉 41 d - Has a member of your household been an inpatient in the hospital in the past year ? |  |

42 - What kind of health insurance do you have, if any ? (note : circle all that apply)

Medicaid Medicare DC Alliance

VA Private insurance None

**Child well being**

🚹🛉43 - Do any of your children have behavioral issues so severe that they threaten your housing stability ? Yes/No # of children :

🚹🛉 44 - Did any of your children miss more than 25 days of school over the last 12 months ? Yes / No # of children :

🚹🛉 45 – Please answer the following questions regarding involvement of the Child and Family Service Agency (CFSA) with your family

45 a - Are you currently working on reunification with children that have been removed from your custody by CFSA ? Yes / No

45 b - Are you or your children currently receiving services related to a CFSA investigation ? Yes / No

45 c - Has there ever been a substantiated investigation of abuse or neglect conducted by the Child and Family Services Agency (CFSA) involving you or any member of your household ? Yes / No

45 d - Has any of your children ever been removed from your custody by CFSA ? Yes / No

**Additional information**

46 - Do you currently have a case manager at this time ?

Yes / No

47 – If you do have a case manager, please provide the following

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Name | First name | Agency | Phone number | Email |
|  |  |  |  |  |

48 - Have you ever served in the US military ? Yes / No

49 - Have you ever been in jail ? Yes / No

50 - Have you ever been in prison ? Yes / No

51 - Have you ever been in foster care ? Yes / No

52 - What are your current sources of income ? (*Note : prompt and circle all that apply*)

Work, on-the-books Work, under the table / cash Pan-handling

Recycling Food Stamps TANF

IDA SSI SSDI / SSA

Public Assistance VA Unemployment None of the above

53 - What is your US citizen status ?

Citizen Legal Resident Undocumented

54 - In case we want to get in touch with you to speak to you about housing opportunities at some point in the future, is there a good way to get in touch with you ?

|  |  |
| --- | --- |
| Cell phone # | Email |
|  |  |

55 - Is there a person you would like us to contact in the case of an emergency ?

Name \_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_

56 - Do you have family/friends (locally or elsewhere) that you'd like to return to or live with ? Yes / No

Y/N/U

🚹 57 - Do you have a partner or spouse who lives on the streets with you ?

Yes / No

🚹 58 - The last step before we're done is to take your picture so we can recognize you when we come back out this way Permitted / Refused