DRAFT

Key to colors/bolding:
- May come from Enrollment or Profile (not necessarily as worded on enrollment/profile forms)
- **Bolded = Scored item**

Housing Needs Assessment (HNA) and Housing Action Plan (HAP)

Document Description: This document details the questions people experiencing homelessness will be asked to assess housing need and support access to housing resources (i.e., the Housing Needs Assessment). This information will also connect directly to an individually tailored housing action plan.

Participant name:		Connector name:	
HMIS ID (if known):		Date:	

HNA Section 1: Household Composition
1. **Including yourself, how many total members are in your current household?** *Indicate whether this number may change as they search for housing.*
2. **Are you or anyone in your household currently pregnant?** ☐ Yes ☐ No *If yes, please indicate who is pregnant.* *If yes, what is the expected due date?*
3. **Do you currently have any children (under age 18) in your household?** ☐ Yes ☐ No *If yes, provide details (name, DOB/age, gender, school, and school district).*

4. Do you have pets?
   ☐ Yes ☐ No
   If yes, indicate the type of pet (e.g., dog, cat, etc.), if they are service animals, emotional support animals, or companions.

   If they are service animals, what are they trained to do?

   If yes, provide information about their shots, license, vets, food, and whether they are spayed/neutered.

   If yes, indicate whether they will only accept housing that allows pets (i.e., would they be willing/able to find another home for their pet if available housing did not allow pets)?

HAP Section 1: Household Composition

Identify what, if anything, from the household composition portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 2: Housing History

5. **When was the last time you or any adult household member had a lease or owned a home in your or their own name?**
   ☐ Never or more than 5 years ago ☐ Within last 1-5 years ☐ Within last year ☐ Currently

6. **Have you or any adult in your household had a formal eviction in the last five years (had a legal paper taped to your front door, or might show in your credit report, court records, tenant screening databases)?**
   ☐ Two or more prior rental evictions ☐ One prior rental eviction ☐ No prior rental evictions

7. Have you or any adult household members currently or previously had housing in Santa Cruz County?
   ☐ Yes ☐ No
   If yes, provide details (who, when, where, for how long).

8. Have you or any adult household members had housing outside of Santa Cruz County?
   ☐ Yes ☐ No
   If yes, provide details (who, when, where, for how long).

HAP Section 2: Housing History

Identify what, if anything, from the housing history portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 3: Social Support

9. **Do you have a former property manager or landlord who can provide you with a positive reference?**
   ☐ Yes ☐ No

10. **Do you or any adult household members have relationships with others who support you and you feel connected to (family, friends, other communities of support)?**
    ☐ Yes ☐ No

11. Are there friends or family members you'd like to reconnect with?
    ☐ Yes ☐ No

12. Are there any friends or family members that could help you/your household with housing, like providing a place to live, be a roommate, help cover housing costs?
    ☐ Yes ☐ No ☐ Maybe

13. If yes to the previous question, if we could provide you some short-term assistance such as a contribution toward rent, groceries, utilities, or a rental deposit, do you think you could live with any of these people for a while?
    ☐ Yes ☐ No ☐ Maybe ☐ N/A

HAP Section 3: Social Support
Identify what, if anything, from the social support portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 4: Income, Employment, Benefits, Health Insurance and Credit
14. **What is the total amount of cash income that you and other household members receive from any source each month?** *Provide details (source and amount).* ☐ $0 ☐ $1 - $2,385 ☐ $2,386 - $4,770 ☐ > $4,770
15. Are you or any other adult household members currently employed or enrolled and attending school? ☐ Yes ☐ No
16. Are you or other adult household members looking for work or planning on enrolling in school? ☐ Yes ☐ No
17. Do you or anyone in your household receive any non-cash benefits, i.e. CalFresh (Food Stamps), WIC, CalWorks services, etc.? ☐ Yes ☐ No
18. Do you have active health insurance coverage? ☐ Yes ☐ No *If yes, please provide the type of insurance.*

19. **Do you or other household members have any problematic outstanding debt, financial, or credit issues that might show up on your credit report?**
☐ Yes ☐ No
If yes, please provide details (who, what)

HAP Section 4: Income, Employment, Benefits, Health Insurance, and Credit

Identify what, if anything, from the income, employment, benefits, health insurance, and credit portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 5: Documentation

20. **Do you or any adults in your household need help to get or store copies of critical documents, i.e., ID card, Driver's License, Social Security Card, Birth Certificate, etc.?**
☐ Yes ☐ No

HAP Section 5: Documentation

Identify what, if anything, from the documentation portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 6: Legal Issues

21. **How many times in the past five years have you or other adults in your household been arrested or picked up by police (more than a warning or citation)?**
☐ 5 or more ☐ 1 – 4 ☐ None

22. **Do you or any other adult household members have a criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?**
☐ Yes ☐ No

23. Do you or other household members have other legal matters that are not felonies that need support to resolve? (i.e., record clearing, expungements, debts, etc).
☐ Yes ☐ No

HAP Section 6: Legal Issues

Identify what, if anything, from the legal issues portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HNA Section 7: Health

24. **Do you or any household members have disabling conditions (physical disability, developmental disability, chronic health condition, HIV-AIDS, mental health disorder or substance use disorder)?**
☐ Yes ☐ No

25. **Do you or anyone in your household need help with any activities of daily living? (bathing, feeding, cleaning, etc.)**
☐ Yes ☐ No

26. **Do any of your or a household member's health challenges interfere with your ability to get or stay housed?**
☐ Yes ☐ No

27. **Does any member of your household have a condition that requires housing for those struggling with a mobility, hearing, or visual impairment?**
☐ Yes ☐ No

HAP Section 7: Health
Identify what, if anything, from the health portion of the HNA is a priority for us to work on together to help you find and get a permanent place to live.

HAP Section 8: Housing Preferences
28. Which of the following unit types would you be willing to accept? ☐ 2+ Bedroom Unit ☐ 1 Bedroom Unit ☐ Studio Apartment ☐ Shared Housing (bedroom) ☐ Shared Housing (common areas, eg., kitchen, bathroom) ☐ Single Room Occupancy (SRO) ☐ Studio/Efficiency ☐ Any of the above ☐ None of the above
29. What school district(s) are your children attending? Is it important to keep them in the same school/school district?
30. What school district(s) are your children attending? Is it important to keep them in the same school/school district?

Interviewer Observations (Respond after completing the rest of the form with the participant)
31. **Does the participant, or any member of their household, appear to be particularly fragile or at high risk of suffering from an illness that makes them particularly vulnerable to staying outdoors?** ☐ Yes ☐ No
32. **Does the participant or any members of their household, have any observed but not reported disabilities (mental health, physical health, substance use issue, etc.) that may impact their ability to find or maintain housing?** ☐ Yes ☐ No
33. **Do you have significant concerns about the safety of the participant, and/or any member of their household? For example, if they are newly unsheltered &/or homeless, unable to protect themselves, isolated vs. part of a larger group etc.?** ☐ Yes ☐ No
34. **ADMINISTRATIVE DATA. Based on analysis of available administrative data what is the health and safety risk level for this participant?**