



## San Francisco ONE System FAMILY HOUSING ASSESSEMENT

### ASSESSMENT LOCATION

### ASSESSMENT DATE

<input type="checkbox"/>				--			--			
Month				Day			Year			

### ASSESSMENT TYPE

<input type="checkbox"/> Phone	<input type="checkbox"/> Virtual	<input type="checkbox"/> In Person
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### ASSESSMENT LEVEL

<input type="checkbox"/> Crisis Need Assessment	<input type="checkbox"/> Housing Need Assessment
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### 1) Where did you stay last night? (Living situation, not geography)

<input type="checkbox"/> Place not meant for human habitation	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher
<input type="checkbox"/> Emergency shelter or safe haven	<input type="checkbox"/> San Francisco Single Room Occupancy (SRO) Unit
<input type="checkbox"/> Interim Housing	<input type="checkbox"/> With another family (excluding your parents or adult children in a housing unit in SF and is not being asked to leave)
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Any other location

### 1a) How long have you been in your current living situation?

**(Conditional – Only ask if response is With another family (excluding your parents or adult children in a housing unit in SF and not being asked to leave) or San Francisco Single Room Occupancy)**

<input type="checkbox"/> Less than one year	<input type="checkbox"/> 6 to 10 years
<input type="checkbox"/> 1 to 5 years	<input type="checkbox"/> More than 10 years

### 1a) In the place you are staying, is any household member experiencing physical or sexual violence?

**(Conditional – Only ask if response is Interim Housing, Foster care home or foster care group home, Hotel or motel paid for without emergency shelter voucher, or Any other location)**

<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused
<input type="checkbox"/>	<input type="checkbox"/> Data not collected

### 2) How long have you been homeless this time (lived in ES or place not meant for human habitation)?

<input type="radio"/>	1 night or less	<input type="radio"/>	1 to 3 years
<input type="radio"/>	2 to 6 nights	<input type="radio"/>	3 years or more
<input type="radio"/>	1 week or more; less than 1 month	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 month or more; less than 90 days	<input type="radio"/>	Client refused
<input type="radio"/>	90 days or more; less than 1 year		Data not collected

**3) Has the head of household been residing in an institutional care facility?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

**3a) Has the head of household resided in an institutional care facility for less than 90 days? (Conditional – Only ask if response question 3 is Yes)**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

**3b) Immediately prior to entering the institution, did the head of household reside in one of the following locations: Emergency Shelter, Safe Haven, On the Street/Place not meant for human habitation? (Conditional – Only ask if response to question 3a is Yes)**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**3c) Had the head of household resided in an emergency shelter, safe haven, or on the street/place not meant for human habitation for the previous 12 consecutive months? (Conditional – Only ask if response to question 3b is Yes)**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**4) Has the head of household resided in an emergency shelter, safe haven, or on the street/place not meant for human habitation for more than 12 months (total) over the last 3 years?**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**5) How many times in the past 3 years have you lived in a shelter, outdoors, in a vehicle, or other place not meant for people to live (each break in homelessness has to span at least 7 consecutive nights)?**

<input type="radio"/> 0 times	<input type="radio"/> 4 or more times
<input type="radio"/> 1 time	<input type="radio"/> Client doesn't know
<input type="radio"/> 2 times	<input type="radio"/> Client refused
<input type="radio"/> 3 times	<input type="radio"/> Data not collected

**6) Number of stays in a family shelter in San Francisco in past 2 years?**

<input type="radio"/> 0 or 1	<input type="radio"/> 2 or more
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**7) When was the last time any adult household member had a lease in their own name?**

<input type="radio"/> Currently have a lease	<input type="radio"/> Client doesn't know
<input type="radio"/> Within the last year	<input type="radio"/> Client refused
<input type="radio"/> Within the last 1-5 years	<input type="radio"/> Data not collected
<input type="radio"/> Never or more than 5 years	

**8) How many times has any adult household member left housing due to a legal eviction notice?**

<input type="radio"/> 0 times	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 time	<input type="radio"/> Client refused
<input type="radio"/> 2 or more times	<input type="radio"/> Data not collected

**9) Is anyone in the household age 5 or under?**

<input type="radio"/> No	<input type="radio"/> Under Age 5
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<input type="radio"/>	Under Age 2		
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**10) How many people live in your household?**

Total number of people:	
Head of household's age?	
Family member #2's age?	
Family member #3's age?	
Family member #4's age?	
Family member #5's age?	
Family member #6's age?	
Family member #7's age?	
Family member #8's age?	
Family member #9's age?	
Family member #10's age?	

**11) Are you pregnant or is any household member pregnant?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<b>If yes, when is the due date? ___/___/_____</b>		<input type="radio"/>	Data not collected

**12) Select all of the disabling conditions that you have:**

<input type="radio"/>	Physical Disability	<input type="radio"/>	HIV / AIDS
<input type="radio"/>	Developmental Disability	<input type="radio"/>	Mental Health Problems
<input type="radio"/>	Chronic Health Condition	<input type="radio"/>	Substance Abuse
<input type="radio"/>	Other		

If Other, please describe:

**13) Do any other adults in your household have a disabling condition or have they been told by a healthcare provider that they do?**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**13a) Select all of the disabling conditions that they have:  
(Conditional – Only ask if response to question 13 is Yes)**

<input type="radio"/> Physical Disability	<input type="radio"/> HIV/AIDS
<input type="radio"/> Developmental Disability	<input type="radio"/> Mental Health Problems
<input type="radio"/> Chronic Health Condition	<input type="radio"/> Substance Abuse
<input type="radio"/> Other	
If Other, please describe:	

**14) Do any children in your household have a disabling condition or have you been told by a healthcare provider that they do?**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**14a) Select all of the disabling conditions that they have:  
(Conditional – Only ask if response to question 14 is Yes)**

<input type="radio"/> Physical Disability	<input type="radio"/> HIV/AIDS
<input type="radio"/> Developmental Disability	<input type="radio"/> Mental Health Problems
<input type="radio"/> Chronic Health Condition	<input type="radio"/> Substance Abuse
<input type="radio"/> Other	
If Other, please describe:	

**15) Do you or any adults in your household have any challenges that cause you to need help with daily activities or help with maintaining housing (for example, a serious medical condition, mental health problem, substance problem, or other issues)?**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**15a) What kind of challenges do you have or what do you need help with?  
(Conditional – Only ask if response to question 15 is Yes)**

**16) Observational for Interviewer: Do any adults demonstrate significant functional impairment? (e.g. due to active substance abuse; mental health or health condition)**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**16a) Observational for Interviewer: Describe the noted impairment.**

**17) How many times have you or any household member used crisis services in the past year? (for example, mental health crisis services, emergency medical care, detox, suicide prevention hotline)**

<input type="radio"/> 0 times	<input type="radio"/> Client doesn't know
<input type="radio"/> 1 time	<input type="radio"/> Client refused
<input type="radio"/> 2 or more times	<input type="radio"/> Data not collected

**18) Has your family recently experienced traumatic events? (Whatever trauma means to you). You do not have to go into any details about the specific events(s).**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**19) Considering all sources of income, what is your household's total monthly income?**

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**19b) The household's total monthly income is:**

<input type="radio"/>	Less than 10% area median income
<input type="radio"/>	Between 10% and 30% area median income
<input type="radio"/>	Greater than 30% area median income