

Applicant Family

Applicant Address

Applicant Telephone

Agency

Case Manager

Goldenrod Hills Community Action

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INSTRUCTIONS: After screening for eligibility, Case Manager interviews applicant 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 applicant to complete the Housing Plan; submits to HPRP Coordinator supporting documentation and requests for funds; and prepares applicant for program exit. Level I applicants complete Assessment Sections 1-3 plus page 8. Level 2 and 3 applicants complete the entire Assessment.

Barriers to Housing Stability – Check all that apply to your situation:

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

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

What are the three biggest 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)

Section 1 – SHELTER (HOUSING AND UTILITIES: To assess changes in the overall stability and safety of the applicant’s housing situation.

HOUSING

Do you own or rent your housing? 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

Is the eviction due to the rental property being foreclosed? Yes No

Do you owe any back rent? Yes No

If **yes**, how much back rent is owed? \$

Is your home in need of significant repair or maintenance? Yes No

If **yes**, what is in need of repair?

Housing (Continued):

Has your housing 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

Length of Residence:

How long have you lived at your current location?

How long have you lived in this county?

How long have you lived 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 address?

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 home 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?

If **yes**, are you receiving a utility allowance? Yes No

If a utility allowance, what is amount is received? \$

Is your current housing classified as “affordable housing” (30% or less of Adjusted Gross Income)? Yes No

Have you ever been in a temporary living situation? Yes No

If **yes**, when?

If **yes**, for how long?

If **yes**, what city and state?

HOUSING (Continued):

Have you ever been housed in a shelter before? Yes No

If **yes**, when?

If **yes**, what shelter?

Were you homeless continuously over the last 12 months? Yes No

Were you homeless four times or more within the past three years? Yes No

UTILITIES:

Mark the basic utilities contained in your home:

Electricity

Natural Gas

Water

Propane/Oil

Have you been able to pay your utility bills on time? Yes No

Do you have a current Disconnect Notice? Yes No

Do you have any overdue utility bills? Yes No

If **yes**, Amount? \$ Utility Company?

Amount? \$ Utility Company?

Amount? \$ 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

Total Income Spent on Shelter: Rent/Mortgage \$ Utilities \$

Percentage of income spent on shelter: %

Goal is 30% or less

RISK MATRIX:

Not Applicable

Level 6

Level 1 – Homeless or threatened with eviction

Level 2 – In Transitional, temporary or substandard housing; unaffordable

Level 3 – In stable housing that is safe, but marginally adequate

Level 4 – Household is in safe, adequate, subsidized housing

Level 5 – Household is in safe, adequate, unsubsidized housing

SECTION II – EMPLOYMENT: To assess changes in an applicant’s job stability and the adequacy of earned income and employment benefits.

Employment in the last 30 days:

Please bring third-party verification of your income to your agency visits.

Please list all who work, where they work, and how long they have worked for the employer:

	is employed by		since	
	is employed by		since	
	is employed by		since	
Household Member		Employer		

TOTAL HOUSEHOLD MONTHLY INCOME:

IF YOU ARE UNEMPLOYED: Complete the following...

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:

Are you receiving disability income? Yes No

If **NO**, have you ever applied? Yes No

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:

UNEMPLOYED Information (Continued):

What is the longest amount of time you've worked in a job? Yes No

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

If **yes**, please explain:

Are you involved in a job training program? Yes No

If **yes**, please describe:

RISK MATRIX - Employment:

- 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 – INCOME AND 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 third-party verification of income with you)

Earns \$ per hour x hours per week x 52 wks/12 mths = \$

Earns \$ per hour x hours per week x 52 wks/12 mths = \$

Earns \$ per hour x hours per week x 52 wks/12 mths = \$

Total Household Monthly Earned Income:

\$

OTHER SOURCES OF INCOME AND MAINSTREAM BENEFITS:

Please indicate which of the following benefits you receive:

WIC	<input type="checkbox"/>	CSFP	<input type="checkbox"/>	Energy Assistance	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	None	<input type="checkbox"/>		

Please list the following **GROSS AMOUNTS OF INCOME** per month--(Please bring independent **Third Party Verification** to your visits)

ADC / TANF	\$ <input type="text"/>	Food Stamps	\$ <input type="text"/>
SSA	\$ <input type="text"/>	SSDI	\$ <input type="text"/>
SSI	\$ <input type="text"/>	Unemployment	\$ <input type="text"/>
Worker's Comp	\$ <input type="text"/>	Veteran's Benefits	\$ <input type="text"/>
Child Support: Court Ordered	\$ <input type="text"/>	Received	\$ <input type="text"/>

AREA MEDIAN INCOME

County of Residence: , Nebraska

County Area Median Income (50% of AMI) Amount: \$

Total Household Income: \$

Is household income less than 50% of the Area Median Income?

Yes No

BUDGETING - Note: Also complete income and Expense Worksheet on **Page 20**

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/agencies? Yes No

Do you owe on a student loan? Yes No

Do you have a significant amount of medical debt? Yes No

If **yes**, what is the total of your past-due medical bills? \$

If **yes**, how much do you pay toward medical bills per month? \$

BUDGETING (Continued):

Do you owe money from beyond the past month on your credit cards? Yes No

If **yes**, on how many credit cards to you owe a balance?

If **yes**, approximately how much money do you owe in credit card debt (total of all cards)? \$

Into which of these ranges does your **total** credit card balance fall?

- | | | | |
|-------------------|--------------------------|-------------------|--------------------------|
| \$100 or Less | <input type="checkbox"/> | \$101 to \$500 | <input type="checkbox"/> |
| \$501 to \$1000 | <input type="checkbox"/> | \$1001 to \$5,000 | <input type="checkbox"/> |
| \$5001 and Higher | <input type="checkbox"/> | | |

RISK MATRIX - Income and Budgeting:

- 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 AND NUTRITION: To assess changes in client’s ability to meet basic food needs.

RISK MATRIX – Food and Nutrition:

- 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 assistance
- Level 4 – Can meet basic food needs without assistance
- Level 5 – Can choose to purchase any food household desires
- Level 6 – Not Applicable

SECTION 5 – CHILDCARE: To assess a client’s ability to secure adequate, reliable and affordable childcare.

RISK MATRIX - Childcare:

- Level 1 – Needs child care, but none is available/accessible/affordable 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 childcare is available, but limited
- Level 4 – Reliable, affordable childcare is available; no need for subsidies
- Level 5 – Able to select affordable childcare 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 – Children’s Education:

- 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 classes
- Level 4 – Enrolled in school and attending classes most of the time
- Level 5 – All school-aged children enrolled and attending classes on a regular basis
- Level 6 – Not Applicable

Are your children 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 **Page 9**

SECTION 7 – ADULT EDUCATION: To assess changes in the applicant’s literacy, training and education level.

RISK MATRIX – Adult Education:

- Level 1 – Literacy problems and/or no high school diploma/GED are serious barriers to employment
- Level 2 – Enrolled in literacy and/or high school diploma/GED program and/or has sufficient command of English to where language is not a barrier to employment
- Level 3 – Has high school diploma or 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 an applicant’s medical health coverage.

RISK MATRIX – Health Care Coverage:

- Level 1 – No medical coverage with immediate needs
- 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) are on a 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 – Life Skills:

- 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 level of family support and family resources available to the applicant

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 **yes**, 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 its financial responsibilities? Yes No

If **yes**, please explain:

RISK MATRIX – Family Relations:

- 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 the applicant's access to safe, reliable, affordable transportation

RISK MATRIX - Mobility:

- Level 1 – No access to transportation, public or private; may have car that is not operable
- 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 an 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 the applicant’s level of involvement in community based social activities

Do you attend church? Yes No

If **yes**, where:

Are you involved with any community organizations, groups, clubs.... Yes No

If **yes**, please name them:

RISK MATRIX – Community Involvement:

- 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, child issues
- Level 5 – Actively involved in the 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 – Parenting Skills:

- 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 the applicant’s involvement in the criminal justice system and compliance with terms of probation/parole

Do you need help obtaining a Drivers License?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need help obtaining a Social Security Card?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need help obtaining a Birth Certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you an Asylee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Refugee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Legal Alien?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you Undocumented?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Citizen of the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you EVER BEEN incarcerated in a prison or jail?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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 confined for more than 180 days?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does Child Support Enforcement garnish you wages for back child support?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you involved in any lawsuits?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

RISK MATRIX - Legal:

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 new felony criminal history

Level 6 – Not Applicable

SECTION 15 – MENTAL HEALTH: To assess changes in the severity of an applicant’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? 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

If yes, can you afford your prescriptions? Yes No

Do you have a doctor or counselor appointment scheduled? Yes No

If yes, with whom and when?

Doctor/Counselor

Date of Appointment

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 you memory, Paying attention, staying focused or with headaches, etc...? Yes No

RISK MATRIX – Mental Health:

- 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 or 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 issues
- 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 an applicant’s substance abuse/dependence

How many times in the past year have you had (x) or more drinks per day?
(x = 5 drinks for men) (x = 4 drinks for women)

	Last Used	Amount	Frequency
Alcohol			
Cannabis/Marijuana			
Cocaine			
Methamphetamine			
Other:			
Other:			

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

If **yes**, what treatment did you receive?

Have you ever gone through detox? Yes No

What dates did you receive Inpatient and/or Outpatient treatment?

Did you complete treatment? 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/alcohol?

DUI? Yes No **Fines?** Yes No **Restitution?** Yes No

DWI? Yes No **Fines?** Yes No **Restitution?** Yes No

RISK MATRIX – Mental Health:

- 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 the 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 or recurrent dangerous use.
- Level 5 – No drug use/ alcohol abuse in the last 6 months.
- Level 6 – Not Applicable

Applicant comments/explanation regarding Substance Abuse:

SECTION 17 – SAFETY: To assess changes in the safety and stability of applicant’s housing environment.

RISK MATRIX – Safety:

- Level 1 – Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- Level 2 – Safety is threatened/temporary protection is available; level of lethality is high
- Level 3 – Current level of safety is minimally adequate; ongoing safety planning is important
- Level 4 – Environment is safe; however, future of such is uncertain; safety planning is essential
- Level 5 – Environment is apparently safe and stable
- Level 6 – Not Applicable

Case Manager’s Notes (continued on next page)

Notes:

Case Manager's Notes (Continued)

Notes (Continued):

Homeless Prevention/Rapid Re-housing Program Assessment—Date _____

Monthly Budget Worksheet

Income Sources	Average	Expenses	Average		Net
	Monthly		Monthly		Balance
	Amount		Amount		
Applicant Job #1	\$	Mortgage/Rent	\$	Income	\$
Applicant Job #2	\$	Electricity	\$	Expenses	\$
Spouse Job #1	\$	Propane	\$		
Spouse Job #2	\$	Gas	\$	Net	\$
Unemployment	\$	Water/Sewer	\$		
Worker's Compensation	\$	Trash	\$		
Self Employment	\$	Telephone	\$		
Pension/Retired	\$	Cell Phone	\$		
VA Benefits	\$	Cable/Satellite	\$		
Child Support	\$	Internet	\$		
SSI	\$	Car Payment #1	\$		
SSA	\$	Car Payment #2	\$		
SSDI	\$	Laundry	\$		
TANF/ADC	\$	Personal Care	\$		
Food Stamps	\$	Groceries	\$		
		Formula & Diapers	\$		
Other		Transportation			
	\$	Car Insurance	\$		
	\$	Car Fuel	\$		
	\$	Car Repairs	\$		
	\$				
		Credit Cards (List)			
		1)	\$		
		2)	\$		
		3)	\$		
		4)	\$		
		5)	\$		
		Loans (List)			
		1)	\$		
		2)	\$		
		3)	\$		
		4)	\$		
		Health Expenses			
		Medical Bills	\$		
		Prescriptions	\$		
Total Income	\$	Total Expenses	\$		Page 20