



Family Bed Reservation Assessment

Client Name: _____ HMIS ID: _____

Staff Name: _____ Access Point: _____

Assessment Information

Assessment Date (MM/DD/YYYY): ____/____/____

Assessment Location (City): _____

Assessment Type: Phone Virtual In Person

Assessment Level: Crisis Needs Assessment Housing Needs Assessment

1. Which SPA is your household willing to be sheltered in? ____ North SPA ____ South SPA

1a. If "Yes" to South SPA, Is your household willing to be sheltered in San Clemente? ____ Yes ____ No

2. Has anyone in your household ever been convicted of a felony? ____ Yes ____ No

If Yes: 2a. How long ago did this felony occur?

____ 1 - 11 months ago

____ 1 - 5 years ago

____ More than 5 years ago

2b. Is this felony considered violent? ____ Yes ____ No

3. Is any adult in the household a registered sex offender? ____ Yes ____ No

4. Does the household require any special accommodations? ____ Yes ____ No

4a. If Yes, please describe:



5. Does your household currently include a child ages 0-5 years old? Yes No
6. Is anyone in the household currently pregnant? Yes No
7. Is this household willing to go to a communal shelter? Yes No
8. Is this household willing to go to a shared shelter? Yes No
9. Does anyone in this household currently have an open warrant? Yes No
10. Do any children that will be staying in the shelter with you have a disability? Yes No
11. Do you have at least 50% custody of at least one child that will be housed with you? Yes No
12. Do you have full custody of at least one child that will be housed with you? Yes No
13. Does the household include any of the following? Yes No
- Pets: If so, how many? _____
- Service Animals: If so, how many? _____
- Emotional Support Animals: If so, how many? _____
- 13a. If the household does include any animals, do all animals in the household have proper documentation and shots? Yes No
14. Do you require a mobility accessible unit due to a physical disability? Yes No
15. Do you require a sensory accessible unit due to loss of hearing or sight? Yes No

**** Reminder: After entering the Bed Reservation Assessment into HMIS, please ensure the family is referred to the Bed Reservation Queue and the 'Needs Bed Reservation Assistance' service is inputted. ****

If you have questions or need technical assistance, please contact the Family Solutions Collaborative via email at FamilyCES@oc-fsc.org.