

Client Name: _____



Coordinated Entry Housing Needs Assessment

PRE-ASSESSMENT

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

Assessment City Location: _____

Assessment Type: Phone Virtual In Person

Assessment Level: Crisis Needs Assessment Housing Needs Assessment

OF THE HOUSING OPPORTUNITIES THE HOUSEHOLD IS ELIGIBLE FOR, WHICH OF THE FOLLOWING HOUSING TYPES IS THE HOUSEHOLD INTERESTED IN?

Rapid Re-Housing (RRH)

1. Rapid Re-Housing Yes No

Housing Choice Voucher (HCV)

2. Housing Choice Voucher Yes No

Permanent Supportive Housing (PSH)

3. Permanent Supportive Housing Yes No

ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

If you, or anyone in your household, need accessible housing, you will only be considered for housing options that can meet your needs. There will be more housing options available to you if accessibility is not a concern.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

1. Do you require a mobility accessible unit due to a physical disability? Yes No

2. Do you require a sensory accessible unit due to loss of hearing or sight? Yes No

3. Do you require some accommodations but not all the features of an accessible unit? Yes No

Please indicate your needs below:

a. no stairs Yes No

b. grab bars Yes No

c. seat in tub or shower Yes No

d. other Yes No If other, please specify _____

4. Is there anything else about your accessibility needs that we should know?

SELECTING THE PRIVATE CHECKBOX MEANS ONLY USERS WITH ACCESS TO THE CURRENTLY SELECTED AGENCY WILL BE ABLE TO SEE THIS ASSESSMENT

Is this client private? Yes No