

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

HOUSING INTEREST

Please select which of the following types of housing opportunities you are interested in. General descriptions of each housing type are listed below to help guide your decision. You may select up to three, and you will only be considered for the types you select.

Rapid Re-Housing (RRH) Yes No

- **Rental Assistance:** Time limited rental assistance of varying lengths:
 - Short-Term Up to 6 months
 - Medium-Term Up to 12 months
 - Long-Term Up to 24 months
- **Supportive Services:** Time limited supportive services
- **Income:** There is no minimum income requirement for participating in RRH. Participants will pay the full rent after the assistance ends.
- **Goal:** The goal of RRH is to help households increase or maintain income to be able to keep paying rent after the rental assistance ends.

Housing Choice Voucher (HCV) Yes No

- **Rental Assistance:** Ongoing rental assistance
- **Supportive Services:** Minimal to no supportive services
- **Income:** Income requirements vary. There may be a required financial contribution from the participant, based on any income the participant has.
- **Goal:** The goal of the HCV program is to help households without sufficient income to sustain housing without assistance obtain housing.

Permanent Supportive Housing (PSH) Yes No

- **Rental Assistance:** Ongoing rental assistance
- **Supportive Services:** Ongoing voluntary supportive services
- **Income:** Income requirements vary. There may be a required financial contribution from the participant based on any income the participant has.
- **Goal:** The goal of PSH is to help households that face greater barriers, typically households experiencing chronic homelessness, obtain and keep affordable housing.

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.

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