

Stabilization Survey

Housing and Basic Utilities

Has your living situation changed since the start of the program?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

If yes, what is your current living situation?

HOMELESS SITUATION

- Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

INSTITUTIONAL SITUATION

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

TRANSITIONAL HOUSING SITUATION

- Transitional housing for homeless persons (including homeless youth)
- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house

PERMANENT HOUSING SITUATION

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy

Is your current rent payment manageable?

- Yes
- No
- Not applicable (only select if in a homeless, institutional, or transitional housing situation)
- Prefer Not To Answer

Notes (Optional)

Do you live doubled up without sufficient space to accommodate all members of your household?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Do you expect to remain in your current residence for more than 1 year?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Do you have trouble paying your utility bills? This includes electric, gas, water, sewer, trash, internet, or phone services.

- Yes
- No
- Not applicable (only select if in a homeless, institutional, or transitional housing situation)
- Prefer Not To Answer

Notes (Optional)

Landlord mediation and Tenant Education

Do you have any concerns with your living situation that you're unable to address with your landlord?

- Yes
- No
- I have addressed them, but with an unsatisfactory resolution
- Prefer Not To Answer

Notes (Optional)

Do you have any questions about your rights as a tenant?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Income and Expenses

Do you have a current household budget?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Does your household's monthly expenses often exceed your household's monthly income?

- Yes
- No
- I don't know
- Prefer Not To Answer

Notes (Optional)

Do you have any of the following (check all that apply):

- Checking account
- Savings account
- None of the above
- Prefer Not To Answer

Notes (Optional)

Since the last assessment, have you used any of the following? (If first assessment, have you used any of the following in the past 12 months?) Check all that apply

- Money Orders
- Check-Cashing services
- Pay day loans
- Car Title lenders
- Pawnshops
- Other Alternative Financial Service (not through a bank/traditional financial institution)
- None of the above
- Prefer Not To Answer

Notes (Optional)

Do you have any assets that could be sold or liquidated to help meet your current financial needs?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Employment

Including yourself, are any members of your household unemployed or underemployed?

- Yes
- No
- N/A household members not actively participating in the workforce
- Prefer Not To Answer

Notes (Optional)

Including yourself, do any members of your household seeking employment have barriers to obtaining their desired job? (Check all that apply)

- Background check
- Disability or health concern
- Ex-Offender
- Homelessness
- Lack appropriate documentation
- Lack of necessary education
- Lack of childcare
- Transportation
- Other
- No
- Prefer Not To Answer

Notes (Optional)

Savings

Do you have enough money in your savings account to cover 3 months of expenses?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Have you budgeted to contribute monthly to your savings?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Debt

Are you struggling with overwhelming debt, such as being unable to make payments or dealing with high interest rates?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Have you created a budget that includes monthly payments toward reducing your debt?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Are you implementing debt management strategies?

- Yes
- No
- I don't know
- Prefer Not To Answer

Notes (Optional)

Credit Score

Have you checked your credit score in the past 12 months?

- Yes
- No
- I am unable to access my credit score
- Prefer Not To Answer

Notes (Optional)

If you have a fair or poor credit score (less than 670), do you have a plan to improve it?

- Yes
- No
- I am unable to access my credit score
- Prefer Not To Answer

Notes (Optional)

Health and Wellbeing

In the last 30 days, how often were you worried that your food would run out before you had money to buy more?

- Often True
- Sometimes True
- Never
- Prefer Not To Answer

Notes (Optional)

In the last 30 days did you ever have to skip meals?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Do you have difficulty seeing the doctor you want to see?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

How often do you talk with family, friends, neighbors or other social supports?

- Daily
- Weekly
- Every few weeks
- Monthly
- Every few months
- Yearly
- Rarely (every few years)
- No support network
- Prefer Not To Answer

Notes (Optional)

Would you say that you feel isolated from others?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Do you have difficulty with completing daily activities such as walking, eating, bathing, preparing meals, etc.?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Child Stability (For Families with Children)

Has unstable childcare stopped you from working, going medical appointments or other important appointments?

- Yes
- No
- Not applicable
- Prefer Not To Answer

Notes (Optional)

Since the last check in, has your family had a disruptive move to a school other than their school of origin?

- Yes
- No
- Not applicable
- Prefer Not To Answer

Notes (Optional)

Since the last check in, did you have a goal for a supportive school transfer?

- Yes
- No
- Not applicable
- Prefer Not To Answer

Notes (Optional)

If yes, did you have a successful planned and supportive school transfer?

- Yes
- No
- Not applicable
- Prefer Not To Answer

Notes (Optional)

Legal

Do you have any legal issues going on right now that you need help with?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

Transportation

Has unreliable transportation kept you from work, or medical appointments?

- Yes
- No
- Prefer Not To Answer

Notes (Optional)

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