

Phased Assessment Part 6 - Housing Preference, History, and Other Considerations Assessment

This information is used to match the participant to a housing intervention appropriate for their preference and need and to assist with the housing agency's housing search. The information is **NOT** used as criteria for eligibility.

Client Name: _____

Date: ___ / ___ / ___

HMIS #: _____

HOUSING REGIONAL PREFERENCE

Every effort is made to match the participant to the preferred area, however we cannot guarantee specific locations.

What region(s) are you willing to consider? Please rank preference (1st, 2nd, 3rd)

- North Suburban Cook County _____
- West Suburban Cook County _____
- South Suburban Cook County _____

Are there particular cities or towns you would prefer, and why? _____

HOUSING NEEDS

Are any of these things important to you about where you will be housed?

- Being close to my job (location of job): _____
- Being close to public transportation
- Being close to my kids' school (location of school): _____
- Being close to my medical/mental health care provider (location of provider): _____
- Being close to my family (location): _____
- Other factor: _____

Is there anything else you want us to know about where you would or would not like to be housed?

Are you willing to consider shared housing? This means you may be housed faster and/or in a larger unit.

- Yes
- No

Do you have any of these unique needs for your housing unit?

- I require an ADA accessible unit
- I need a wheelchair-accessible unit
- I need a unit with no stairs
- I need a unit that can accommodate a certified service animal
- Other needs: _____

For youth, aged 18-24, would you prefer:

- A transitional living program for youth only
- A housing program for all ages of adults
- Whichever comes open first for me

HOUSING HISTORY CONSIDERATIONS

Have you ever been evicted?

Yes No

If yes, number of evictions when listed on a lease:

Number of court ordered Unlawful Detainers (forcibly removed):

Date of last eviction:

Number of times applicant went to court to contest eviction(s):

Reasons for prior evictions (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Non-payment of rent | <input type="checkbox"/> Person in household not on lease |
| <input type="checkbox"/> Illegal activity – drug related | <input type="checkbox"/> Property damage |
| <input type="checkbox"/> Illegal activity – non-drug related | |

Other, explain: _____

Have you ever been in a Housing Program before?

Yes No

If yes, when and which agency/program? _____

LEGAL CONSIDERATIONS

Have you ever been convicted of the following? If yes, indicate number of times and date of last conviction.

- | | |
|---|--|
| <input type="checkbox"/> Domestic Assault _____ | <input type="checkbox"/> Drug possession _____ |
| <input type="checkbox"/> Assault _____ | <input type="checkbox"/> Drug trafficking/distribution _____ |
| <input type="checkbox"/> Robbery _____ | <input type="checkbox"/> Property damage _____ |
| <input type="checkbox"/> Sex offense _____ | <input type="checkbox"/> Other convictions _____ |
| <input type="checkbox"/> Any violent crime: _____ | |

Are you currently listed on the Sex Offender Registry? Yes No If yes, expected duration: _____

Have you ever been listed on Sex Offender Registry? Yes No If yes, when: _____

Do you have any current outstanding criminal justice issues? (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Outstanding bail conditions |
| <input type="checkbox"/> Current conviction, awaiting sentencing | <input type="checkbox"/> Probation/parole |
| <input type="checkbox"/> Sentencing obligations | <input type="checkbox"/> Bail violation |

Describe: _____

HOUSEHOLD COMPOSITION

Head of Household: _____

How many people will be/are in your household (including you)? _____

Please list all additional individuals to be included in the household. Indicate what forms of identification can be presented upon request.

Name	Date of Birth	Relationship to HoH	Identification		
			Photo ID	SSN	Birth Certificate (minors)

Are all of the above named household members currently with you? Yes No

If no, please explain: _____

Note: Although Identification is not required for housing, it is a significant barrier for those experiencing homelessness. Identification will be necessary at some point for employment, entry to school, etc. Case Managers should be working with all household members to obtain valid forms of identification. For all household members under the age of 18, Birth Certificates and Social Security Numbers are needed.

REQUIRED: I promise that the information included in this assessment is true, and has been provided to the best of my ability and recollection:

PARTICIPANT SIGNATURE _____

DATE _____