



San Francisco ONE System ADULT / YOUTH (TAY) HOUSING PRIMARY ASSESSEMENT

ASSESSMENT LOCATION

ASSESSMENT DATE

<input type="text"/>			--			--				
Month				Day			Year			

ASSESSMENT TYPE

<input type="radio"/> Phone	<input type="radio"/> Virtual	<input type="radio"/> In Person
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ASSESSMENT LEVEL

<input type="radio"/> Crisis Need Assessment	<input type="radio"/> Housing Need Assessment
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1) Where did you stay last night? (Living situation, not geography)

<input type="radio"/> Place not meant for human habitation	<input type="radio"/> Foster care home or foster care group home
<input type="radio"/> Emergency shelter or safe haven	<input type="radio"/> Hotel or motel paid for without emergency shelter voucher
<input type="radio"/> Exiting institution (see SF homeless definition)	<input type="radio"/> Any other location
<input type="radio"/> Interim Housing	

1a) Have you resided in a shelter, safe haven, or place not meant for human habitation for the last 12 months?

(Conditional – Only ask if response is a place not meant for human habitation, emergency shelter or safe haven)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
<input type="radio"/>	<input type="radio"/> Data not collected

1a) How long were you in the institution you are exiting?

(Conditional – Only ask if response is Existing institution (See SF homeless definition))

<input type="radio"/> Less than 90 days	<input type="radio"/> Five years or more, but less than ten years
<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> More than 10 years
<input type="radio"/> One year or more, but less than two years	<input type="radio"/> Client doesn't know
<input type="radio"/> Two years or more, but less than five years	<input type="radio"/> Client refused
<input type="radio"/> Data not collected	

**2) In the place you are staying, are you experiencing physical or sexual violence?
(Conditional – Only ask if response is Interim Housing, Foster care home/group home,
Hotel/motel paid for without emergency shelter voucher, or Any other location)**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

3) How long have you been homeless this time?

<input type="radio"/>	Less than one year	<input type="radio"/>	15 years or more
<input type="radio"/>	One year or more, but less than two years	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two years or more, but less than five years	<input type="radio"/>	Client refused
<input type="radio"/>	Five years or more, but less than ten years	<input type="radio"/>	Data not collected
<input type="radio"/>	Ten years or more, but less than fifteen years		

4) Have you resided in a shelter, safe haven, or place not meant for human habitation for more than 12 months over the last 3 years (Does not need to be consecutive)?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

5) How long in total have you lived in an emergency shelter or place not meant for people to sleep, including today? (Over lifetime)

<input type="radio"/>	Less than one year	<input type="radio"/>	More than 15 years
<input type="radio"/>	One year or more, but less than two years	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two years or more, but less than five years	<input type="radio"/>	Client refused
<input type="radio"/>	Five years or more, but less than ten years	<input type="radio"/>	Data not collected
<input type="radio"/>	Ten years or more, but less than fifteen years		

6) How many times in the past three years have you lived in a shelter, outdoors, in a vehicle, or other place not meant for people to live? (each break in homelessness has to span at least 7 consecutive nights)

<input type="radio"/>	Zero times	<input type="radio"/>	Four or more times
<input type="radio"/>	One time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two times	<input type="radio"/>	Client refused
<input type="radio"/>	Three times	<input type="radio"/>	Data not collected

7) How old were you when you first experienced homelessness (living in a shelter, outdoors, in a vehicle or other place not meant for people to live)?

<input type="radio"/>	Less than 14	<input type="radio"/>	Client doesn't know
<input type="radio"/>	14 to 17	<input type="radio"/>	Client refused
<input type="radio"/>	18 to 24	<input type="radio"/>	Data not collected
<input type="radio"/>	Over age 24	<input type="radio"/>	

8) Do you have one of the following disabling conditions, or have been told you have one of the following by a healthcare provider: Physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, substance abuse?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

8a) How many disabling conditions do you have? (Conditional – Only ask if response is Yes)

<input type="radio"/>	0	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1	<input type="radio"/>	Client refused
<input type="radio"/>	2	<input type="radio"/>	Data not collected
<input type="radio"/>	3 or more		

8b) What disabling condition(s) do you have? You may list more than one.

<input type="radio"/>	Physical disability	<input type="radio"/>	HIV / AIDS
<input type="radio"/>	Developmental disability	<input type="radio"/>	Mental health problem
<input type="radio"/>	Chronic health condition	<input type="radio"/>	Substance abuse

9) Do you have any challenges that cause you to need help with daily activities or help with maintaining housing (e.g. a serious medical condition, mental health problem, substance problem, other issue)?

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
<input type="radio"/>		<input type="radio"/>	Data not collected

10) How many times have you used crisis services in the past year (for example, mental health crisis services, hospital detox, suicide prevention hotline)?

<input type="radio"/>	0 / None	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 to 5 times	<input type="radio"/>	Client refused
<input type="radio"/>	6 to 10 times	<input type="radio"/>	Data not collected
<input type="radio"/>	More than 10 times		

11) In the past 5 years, how many times have you been arrested by a police officer? This can include being arrested and going to jail, or just being arrested then released.

<input type="radio"/>	0 / None	<input type="radio"/>	Client doesn't know
<input type="radio"/>	1 to 4 times	<input type="radio"/>	Client refused
<input type="radio"/>	5 or more times	<input type="radio"/>	Data not collected

12) How frequently have you experienced violence or felt you were in danger from other people since you have been living outside or in a shelter?

<input type="radio"/>	Never	<input type="radio"/>	A few times a year
<input type="radio"/>	Daily	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Weekly	<input type="radio"/>	Client refused
<input type="radio"/>	Monthly	<input type="radio"/>	Data not collected

13) Considering all sources of income, what is your total monthly income (including all forms of cash income)?

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Automatically populates based on response from Question 13; AMI data is based on current HUD metro fair market rent area (HMFA) that contains San Francisco

<input type="radio"/> Less than 10% AMI	<input type="radio"/> Greater than 20 AMI
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14) Are you pregnant?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
If yes, when is the due date? ____/____/____	<input type="radio"/> Data not collected

15) In the last 12 months have you traded sex for a place to stay?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
<input type="radio"/>	<input type="radio"/> Data not collected

16) Are you currently in foster care in San Francisco or were you in ever in foster care in San Francisco?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
<input type="radio"/>	<input type="radio"/> Data not collected

17) OBSERVATIONAL FOR INTERVIEWER ONLY: Does the client demonstrate significant functional impairment (e.g. due to active substance use, mental health or health condition)?