

San Francisco ONE System: Adult/Youth Primary CE Assessment

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

ASSESSMENT DATE *[All Clients]*

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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 Needs Assessment	<input type="radio"/> Housing Needs Assessment
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****Please confirm the client's Date of Birth in their Profile at this time as it could affect their assessment score****

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	<input type="radio"/>

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

(Conditional – only ask if response to previous question is Emergency shelter or safe haven or Place not meant for human habitation)

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

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

(Conditional – Only ask if response to question 1 is Exiting Institution)

<input type="radio"/> Less than 90 days	<input type="radio"/> More than 10 years
<input type="radio"/> 90 days or more, but less than one year	<input type="radio"/> Client doesn't know

<input type="radio"/>	One year or more, but less than two years	<input type="radio"/>	Client refused
<input type="radio"/>	Two years or more, but less than five years	<input type="radio"/>	Data not collected
<input type="radio"/>	Five years or more, but less than ten years		

1b) Where did you stay before entering the institution?

(Conditional – Only ask if response to question 1 is Exiting Institution)

<input type="radio"/>	Place not meant for human habitation	<input type="radio"/>	A different institution
<input type="radio"/>	Emergency shelter or safe haven	<input type="radio"/>	Any other location

1c) Were you staying in a shelter, safe haven, or place not meant for human habitation for the previous 12 consecutive months before entering an institution?

(Conditional – Only ask if response to Question 1b is Place not meant for human habitation or emergency shelter)

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<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?

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

8) Do you have one of the following disabling conditions, or 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"/>	Data not collected
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8a) How many disabling conditions do you have?

(Conditional – Only ask if response to question 8 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.

(Conditional – Only ask if response to question 8 is Yes)

<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 disorder, substance use disorder, 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"/>	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"/>	1-5 times	<input type="radio"/>	Client refused
<input type="radio"/>	6-10 times	<input type="radio"/>	Data not collected
<input type="radio"/>	More than 10 times		

11) In the past five 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"/>	1-4 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 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)

<input type="radio"/>	
Clients total monthly income is:	
<input type="radio"/>	Less than 10% AMI
<input type="radio"/>	Between 10% and 20% AMI
<input type="radio"/>	Greater than 20% AMI

**** AMI data is based on current HUD Metro Fair Market Rent Area (HMFA) that contains San Francisco ****

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"/>	Data not collected
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16) Are you currently in foster care in San Francisco or were you 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"/>	Data not collected

17) BASED ON INTERVIEWER'S OBSERVATION: Does the client demonstrate significant functional impairment (e.g. due to active substance use, mental health or health condition)?

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