

Connecticut Supportive Housing Assessment

Introduction

This assessment identifies service needs for individuals and households both newly entering and currently housed in permanent supportive housing. It is designed to determine the level of intensity of services. It also provides information to evaluate a tenant's potential ability to move on from supportive housing to other affordable housing options that include limited follow-up supportive services.

The assessment and acuity index is also used in the Connecticut Permanent Supportive Housing Quality Assurance Program. During quality reviews the assessment and index are scored for completeness and timeliness. Reviewers also examine whether the index informs current service plan goals and that progress notes provide detailed information related to achieving service plan goals and moving an individual forward.

Training materials on the assessment can be accessed at www.csh.org or call CSH at 860-560-0744.

Instructions

The tool is designed to be completed by both the tenant and case manager and can be completed across multiple meetings. It should be utilized in the development of service plan goals and should include a discussion of the tenant's ability and interest in moving to a different type of unit, building, or neighborhood if applicable. Conversations should include the strength of the tenant's community connections for ongoing supportive services as needed, and ability to meet the occupancy requirements of the new housing unit, if applicable.

Fully complete this tool at initial entry and at least every six months. If information is not applicable, the section must be marked N/A in order to be deemed complete.

The acuity index, in turn, should be used to develop service plan goals. Specifically, a goal should be present on the service plan if an individual's level is a 0 or 1 on an acuity index item. If a large number of items are evaluated as a level 0 or 1, the case manager and supervisor should identify which should be presented as active goals or deferred goals in the service plan. Progress notes should also relate back to the acuity index and explain the steps taken to help meet the service plan goals and assist tenants in moving forward. In addition to informing service plan goals and progress notes, the acuity index can also be used to identify individuals who may be able to move on to another form of housing subsidy with support services provided by community providers.

Initial Reassessment | Date of Last Assessment: _____ Date Initiated: _____ Date Completed: _____

Tenant Information

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ Phone: _____

DDaP Periodic Assessment

Employment Status: _____

Highest Grade Completed: _____

Number of persons dependent on income: _____

Number of minors dependent on income: _____

Principal Source of Support:

None Public Assistance Retirement Salary Disability Other Unknown

Living Situation: _____ Rent _____

Homeless in last 6 months? Yes No

Number of days in last 30 that tenant has lived in a controlled environment: _____

Days in group home/ halfway housing in the past 30 days: _____ and in the past six months: _____

Number of arrests in last 30 days: _____ Number of self help meetings attended in last 30 days: _____

Client Interacted with Family/Friends supportive of recovery in past 30 days: Yes No

Substance Use History:

Substance	Age at First Use	Number of days used in past 30 days	Route of Administration

Axis I Diagnosis: _____ Diagnosis Date: _____

Axis II Diagnosis: _____ Diagnosis Date: _____

Axis III Diagnosis: _____ Diagnosis Date: _____

Axis IV – Problems: with primary support group social environment educational occupational
 housing economic access to health services legal system Other

Axis V – Current GAF Score: _____

DDaP Supportive Housing Assessment

If this is an initial assessment, percent of time homeless in past 3 years (*for example 1 year = 33%*): _____

Community-based services connected to in past 6 months:

Mental Health treatment Substance Abuse Treatment Employment Services
 Educational Services Volunteer Organization Health/Medical Services

Percent of time tenant has worked in the past 6 months (*for example, 3 months = 50 %*): _____

Current Annual Household Income: _____ Number of days in jail/prison in past 6 months: _____

Days in a residential program and/or inpatient in past 6 months: _____ ER visits in past 6 months: _____

Number of tenant's children living with tenant: _____ Number of children under 18: _____

HMIS Domestic Violence History

History of Domestic Violence? Yes No If "Yes", how long ago did experience occur?

- Within the past 3 months 3 to 6 months ago 6 to 12 months ago More than a year ago

Members in household other than tenant (if applicable)

Name	Age	Gender	Relationship	Name/address of school or readiness program or day care	Service Needs

Nearest relative or friend not living with tenant and others to contact for emergencies or to reach tenant

Name	Address	Phone	Relationship

Current Medications

Medication	Prescribed For	Dose/Frequency	Prescriber

Housing History and Information

History of housing/homelessness in the past 5 years (if first assessment):

Current landlord: _____ Phone: _____

Length of time currently housed: _____ Number of times rent paid late for past 12 months: _____.

Total length of time lease(s) have been continually maintained: _____

Issues with landlord and/or neighbors (for example complaints, damage) for past 12 months:

Circumstances that impact ability to maintain housing:

Daily Living Skills Challenges

- Paying rent/utilities Lease compliance Housekeeping
- Money management Driving/using public transportation Arranging apartment repairs
- Use of mental health services Securing/Maintaining Benefits Meal preparation
- Use of health services Socialization Hygiene
- Shopping for food/necessities Taking medication as prescribed Filling prescriptions
- Other (specify): _____
- Other (specify): _____

Employment and Education

Worked in the past 6 months: Yes No Currently Employed: Yes No

Note employer, type of job, length of employment and hours worked per week:

Currently enrolled in an education program: Yes No If yes, note program: _____

Employment and/or education goals:

Medical and Health

Provider	Name	Phone	Last Appointment	Next Appointment
Primary Care				
Dental				
Specialist:				
Specialist:				

Medical insurance:

Current health challenges, medical problems and known allergies: _____

Medical treatment history including hospitalizations (*indicate past or current*):

Behavioral Health, Substance Use and Trauma

Provider	Name	Phone	Last Appointment	Next Appointment
Clinician				
Case Manager				
Other:				

Behavioral health/substance use diagnosis (es) *(indicate past or current)*:

Behavioral health treatment history including inpatient *(indicate past or current)*:

Trauma history:

Introduction – we’re going to talk about things that you may have seen or experienced at different points in your life. You don’t have to answer any questions or tell me anything you don’t want to, and we can stop this part of the assessment at any time you would like. We can also talk about any concerns you may have in this area.

Substance use treatment history including inpatient and detox *(indicate past or current)*:

Name: _____ Date of Birth: _____

Currently using substances? Yes No If yes, current harm reduction goals:

Financial Resources and Obligations

Income Sources

Recipient Name	Source/Type	\$ Per Month	Effective Date	Change? Yes/No

Outstanding Debts/Obligations (outstanding utility bills, child support, medical bills, etc.)

Type	Creditor	Total Amount

Conservator/Representative Payee (if applicable)

Type	Name	Address	Phone
Conservator of Person			
Conservator of Finance			
Representative Payee			

Legal Involvement

Provider	Name	Phone
Attorney		
Probation Officer		
DCF Worker		
Other:		

Name: _____ Date of Birth: _____

History of legal involvement: Include arrests, convictions, incarcerations, pending court dates, involvement with child welfare, attorney and current status:

Services

Services individual would like to participate in/access:

Natural Supports

List supportive persons/groups:

Involvement with community-based activities:

List person(s) tenant would like to involve in developing service plans goals and the provision of services:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Interests and Hobbies

Interests, hobbies:

Name: _____ Date of Birth: _____