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:**

<table>
<thead>
<tr>
<th>Substance</th>
<th>Age at First Use</th>
<th>Number of days used in past 30 days</th>
<th>Route of Administration</th>
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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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Relationship</th>
<th>Name/address of school or readiness program or day care</th>
<th>Service Needs</th>
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Nearest relative or friend not living with tenant and others to contact for emergencies or to reach tenant

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<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Relationship</th>
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</table>

Current Medications

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<tr>
<th>Medication</th>
<th>Prescribed For</th>
<th>Dose/Frequency</th>
<th>Prescriber</th>
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Housing History and Information

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

______________________________________________________________________________________________
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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**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>Phone</th>
<th>Last Appointment</th>
<th>Next Appointment</th>
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<tbody>
<tr>
<td>Primary Care</td>
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<tr>
<td>Dental</td>
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<tr>
<td>Specialist:</td>
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<tr>
<td>Specialist:</td>
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Medical insurance:
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Current health challenges, medical problems and known allergies: ____________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
Medical treatment history including hospitalizations (*indicate past or current)*: _____________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
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**Behavioral Health, Substance Use and Trauma**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>Phone</th>
<th>Last Appointment</th>
<th>Next Appointment</th>
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<tbody>
<tr>
<td>Clinician</td>
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<td>Case Manager</td>
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<td>Other:</td>
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</table>
Behavioral health/substance use diagnosis (es) (*indicate past or current)*:  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  

Behavioral health treatment history including inpatient (*indicate past or current)*:  
_______________________________________________________________________________________________  
_______________________________________________________________________________________________  
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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.*  
_______________________________________________________________________________________________  
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Substance use treatment history including inpatient and detox (*indicate past or current)*:  
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Connecticut Supportive Housing Assessment
Currently using substances? Yes ☐ No ☐ If yes, current harm reduction goals:

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________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Financial Resources and Obligations

<table>
<thead>
<tr>
<th>Income Sources</th>
<th>Recipient Name</th>
<th>Source/Type</th>
<th>$ Per Month</th>
<th>Effective Date</th>
<th>Change? Yes/No</th>
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Outstanding Debts/Obligations (outstanding utility bills, child support, medical bills, etc.)

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<thead>
<tr>
<th>Type</th>
<th>Creditor</th>
<th>Total Amount</th>
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Conservator/Representative Payee (if applicable)

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<tr>
<th>Type</th>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Conservator of Person</td>
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<tr>
<td>Conservator of Finance</td>
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<tr>
<td>Representative Payee</td>
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Legal Involvement

<table>
<thead>
<tr>
<th>Provider</th>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Attorney</td>
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<td>Probation Officer</td>
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<td>DCF Worker</td>
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<td>Other:</td>
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</table>
History of legal involvement: Include arrests, convictions, incarcerations, pending court dates, involvement with child welfare, attorney and current status:

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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:

________________________________________________________________________________________________

________________________________________________________________________________________________

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________________________________________________________________________________________________
Name: __________________________  Date of Birth: __________

**Strengths and Barriers to Accessing Resources and/or Services**

Strengths (including skills, support and motivation) & Barriers (including physical, motivation, language difficulties, etc):

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**Additional Information**

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**Summary Notes**

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Name: ____________________  Date of Birth: _____________