

Unsheltered Homelessness Initiative (UHI) Prioritization

All questions should be answered based on participant self-report and/or assessor observation.

Medical Vulnerability	
Question and Help Text	Responses
Do you have any challenges with mobility, including needing or using a cane, walker, or wheelchair, or having a hard time getting up and down stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data Not Collected
Do you have open wounds on your body that require medical care? <i>Help Text: "Wound" encompasses - injection wounds, trauma wounds, skin damage from environmental exposure (frostbite and blistered sunburn).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data Not Collected
<div style="text-align: right;"> Yes to 3 or more items – 4 points Yes to 2 items – 2 points Yes to 1 items – 1 point None – 0 points Total Medical Vulnerability Score: </div>	

Behavioral Health	
Script: This next question is about substance use and mental health. This question will be used to assess your need for housing, not to screen you out. You can skip any questions you are not comfortable answering.	
Question and Help Text	Responses
Are you using any substances in a way that is negatively impacting your life? <i>Help Text: Examples include:</i> <ul style="list-style-type: none"> <i>Trouble keeping up with daily responsibilities like getting food, preparing tent for weather, etc., meeting regular appointments due to using, obtaining substances, or ill from substance use/withdrawal.</i> <i>Problems with interpersonal relationships, i.e., regular arguments with other encampment residents, isolated from others.</i> <i>Impaired memory, thinking or attention</i> <i>Made a physical or mental health condition worse</i> 	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, HRS Observes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Data Not Collected

<p><i>Assessor Observes (do not ask):</i></p> <p>Based on your knowledge of the participant, do they require frequent requests for crisis intervention or wellness checks, including aldermanic requests, reports from DFSS, calls to police/fire/911/988?</p> <p><i>If you do not know the answer to this question, answer “N/A”</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p align="right">Total Score for Behavioral Health:</p> <p align="right">Yes to 2 or more items – 2 points</p> <p align="right">Yes to 1 item – 1 point</p> <p align="right">None – 0 points</p>	

First Time Experiencing Unsheltered Homelessness (last 90 days)	
Question and Help Text	Responses
Is this your first time staying outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long ago did you start staying outside? 3 months or less, more than 3 months	<input type="checkbox"/> 3 months or less <input type="checkbox"/> more than 3 months
<p align="right">Total First Time Unsheltered Score:</p> <p align="right">Participant answers “yes” to the first question <u>and</u> “3 months or less” to the second question – 1 Point</p> <p align="right">Any other combination of answers – 0 Points</p>	

Re – Entry: Exited Jail or Prison in the last 90 days	
Question and Help Text	Responses
Did you leave jail or prison in the last three months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p align="right">Total Reentry Score:</p> <p align="right">Yes – 1 Point</p> <p align="right">No – 0 Points</p>	

Total Unsheltered Housing Initiative Prioritization Score:	
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Triage Housing	
Question and Help Text	Responses
<p>Triage is a transitional housing model ideal for participants who are interested in a short-term housing option with stabilization services before enrolling in Rapid Rehousing. Would you be interested in Triage Housing if it is available?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Employment and Income	
Question and Help Text	Responses
<p>Would you like assistance applying for benefits such as the following:</p> <p><i>Help Text: What are the client's benefit needs? Benefit services are available to individuals living outside and entering housing, so if interested the client may be referred to this resource and may be contacted.</i></p>	<p><input type="checkbox"/> SSDI/SSI</p> <p><input type="checkbox"/> Mainstream benefits (such as food, cash, medical)</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> No – I have benefits / no I am not interested</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>
<p>Are you interested in receiving employment services to obtain work?</p> <p><i>Help Text: Employment services are available to individuals living outside and those entering housing, so if interested the client may be referred to this resource and may be contacted</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>
<p>Do you have a disability or health condition that limits your ability to work?</p> <p><i>Help Text: Does this client have barriers to employment or are they potentially eligible for disability benefits?</i></p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Client Doesn't Know (HUD)</p> <p><input type="checkbox"/> Client Prefers not to answer (HUD)</p> <p><input type="checkbox"/> Data Not Collected (HUD)</p>