### CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

#### 1. CES Assessment Eligibility Pre-screener

Ask applicant where they slept last night and check if any of these options apply

<table>
<thead>
<tr>
<th>Option</th>
<th>Type of place</th>
<th>Duration of stay/description</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ A</td>
<td>Emergency shelter or place not meant for habitation (on the street, CTA, abandoned building, car)</td>
<td>• Last night or longer</td>
<td>CONTINUE with the assessment</td>
</tr>
<tr>
<td>□ B</td>
<td>Jail or prison</td>
<td>• Currently in jail or prison or exited today&lt;br&gt;• Stayed there for less than 90 days AND stayed at location described in Option A the night before entering jail or prison</td>
<td>CONTINUE with the assessment&lt;br&gt;DO NOT CONTINUE if more than 90 days.</td>
</tr>
<tr>
<td>□ C</td>
<td>Healthcare facility (nursing home, hospital, or detox facility)</td>
<td>• Currently staying at a healthcare facility or exited today&lt;br&gt;• Stayed there for less than 90 days, AND stayed at location described in Option A the night before entering the health care facility</td>
<td>CONTINUE with the assessment&lt;br&gt;DO NOT CONTINUE if more than 90 days.</td>
</tr>
<tr>
<td>□ D</td>
<td>Unstably housed (staying with a family member or friend and does rent or own housing)</td>
<td>• Last night or longer</td>
<td>For all Adults: DO NOT ASSESS&lt;br&gt;If youth (age 18-24) - call Catholic Charities at 312-655-7165 or email <a href="mailto:diversion@catholiccharities.net">diversion@catholiccharities.net</a></td>
</tr>
</tbody>
</table>

If younger than 18 years old, STOP HERE. Connect with one of the following programs:

- NORTH: The Night Ministry 877-286-2523; Pregnant and/or Parenting 773-506-3120
- WEST: El Rescate 872-829-2654
- SOUTH: Ignite 866-803-8336

If options A, B, and C do not apply, Applicant is NOT experiencing literal homelessness and should only be assessed if fleeing domestic violence or human trafficking (answers ‘yes’ in Safety section).

#### Safety – ASK ALL APPLICANTS

Some people find themselves in a housing crisis due to circumstances with a partner or household member. Do any of the following apply?

- Currently residing with, or trying to leave, someone who threatens you or makes you fearful;
- OR Anyone in the home has hit, choked, or physically hurt you;
- OR Anyone in your home has forced you to do something sexually that you did not want to do?

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Client refused</td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td>□ Data not collected</td>
<td></td>
</tr>
</tbody>
</table>

**If yes, offer help calling the Chicago Domestic Violence Hotline: 1-877-863-6338**

Some people are being forced to trade sex or work in exchange for money, shelter or other items. Is this something you are impacted by?

<table>
<thead>
<tr>
<th>□ Yes</th>
<th>□ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Client refused</td>
<td>□ Client doesn’t know</td>
</tr>
<tr>
<td>□ Data not collected</td>
<td></td>
</tr>
</tbody>
</table>

**If yes, offer help calling the National Human Trafficking Hotline 1-888-373-7888. If trading sex is involved, offer help with calling the Chicago Domestic Violence Hotline: 1-877-863-6338.**

**IMPORTANT: ONLY PROCEED WITH THE ASSESSMENT if Applicant is literally homeless and/or fleeing domestic violence or human trafficking. If not, STOP HERE and offer Applicant your contact information to follow up with you if their housing status changes.**

Commented [A1]: If not, please visit https://hmis.alichicago.org/hc/en-us/articles/360037278452 and ask “Where did you sleep last night?”

If options A, B, and C do not apply, Applicant is NOT experiencing literal homelessness and should only be assessed if fleeing domestic violence or human trafficking (answers ‘yes’ in Safety section).

Commented [A2]: If YES to the above: Thank you for sharing that information with me, I know that’s tough to talk about. Because it’s sensitive, I’m going to lock your HMIS profile to protect your confidentiality.
If eligible for assessment, COMPLETE HMIS CONSENT and only proceed if Applicant selects Options A OR B. If Applicant is fleeing a DV or Human Trafficking situation, share that you will lock their HMIS record to protect their confidentiality and follow protocols to do so.

| 1. Contact Information & Basic Demographics |  |
| Assessor Information |  |
| Assessor’s Name: | Email address: | Phone number: | Date of Assessment: ___/___/____ | Agency name/Organization: | Location of Assessment: |
| Applicant Information |  |
| Note: Please ensure that the Head of Household is the individual engaged in the assessment process |  |
| First Name: | Middle Initial: | Last Name: | Date of Birth: _____/_____/______ |  |
| Alias/Preferred Name: | Date of Birth: _____/_____/______ |  |
| Name Data Quality: | Date of Birth: _____/_____/______ |  |
| Full Name Reported | Full Date of Birth Reported |  |
| Partial, Street Name, or Code Name Reported | Approximate or partial Date of Birth reported |  |
| Client doesn’t know | Client doesn’t know |  |
| Client refused | Client refused |  |
| Data not collected | Data not collected |  |
| In what language do you prefer to communicate? | What gender do you identify as? |  |
| English | Male |  |
| Spanish | Female |  |
| Polish | Transgender – Male to Female |  |
| Other | Transgender – Female to Male |  |
| | Doesn’t identify as male, female, or transgender |  |
| | Client doesn’t know |  |
| | Client refused |  |
| | Data not collected |  |
| What are your pronouns? | What race do you identify as? |  |
| She/her/hers | American Indian or Alaskan Native |  |
| He/him/his | Asian |  |
| They/them/their | Black/African American |  |
| No preference | White |  |
| Other | Native/Hawaiian Pacific Islander |  |
| Declined | Client doesn’t know |  |
| | Client refused |  |
| | Data not collected |  |
| What ethnicity do you identify as? | Social Security Number: _____-______-______ |  |
| Hispanic/Latino | Full SSN Report |  |
| Non-Hispanic/Latino | Approximate or partial SSN reported |  |
| Client doesn’t know | Client doesn’t know |  |
| Client refused | Client refused |  |
| Data not collected | Data not collected |  |
| Phone Number: | Email address: |  |
| Mailing address: |  |  |
| Are you currently enrolled in any social service programs? |  |  |
| Yes |  |  |
| No |  |  |
| Client refused |  |  |
| Client doesn’t know |  |  |
| Data not collected |  |  |

Commented [A3]: The assessment starts with some basic information about you. The questions will get more personal as we go, but I'll give you a heads up before that happens. If there are any questions you would prefer not to answer, just let me know.
If yes, which programs are you currently working with?

If yes, what is the name and contact information of the case manager or social worker you work with?

Name:  
Email:  
Phone number:  

Alternative Contact Information – is there a family member or friend we can contact if you get matched to housing and we can’t reach you?

Name:  
Phone number:  
Relationship:  

Name:  
Phone number:  
Relationship:  

Would it be okay to tell them why we’re calling or leave a voicemail?  ☐ Yes  ☐ No  

Notes on Contacting the Applicant: Please share ways to contact you if a housing offer is available and the phone number we have for you is not working. This can include eating dinner at a specific place, spending time at a particular library, attend any program, social media usernames, etc.

Are you a U.S. Military Veteran*?  ☐ Yes  ☐ No  ☐ Client doesn't know  ☐ Client refused  ☐ Data not collected  

If not, were you discharged during training before reporting to a duty station?  ☐ Yes  ☐ No  ☐ Client doesn’t know  ☐ Client refused  ☐ Data not collected  

*Veteran: Anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. Army, Navy, Air Force, Marine Corps, and Coast Guard: active duty begins when military member completes one day of basic training. Reserve and National Guard: active duty is any time spent activated or deployed, either in the United States or abroad; OR Anyone who was disabled in the line of duty during a period of active duty training; OR Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training. Skilled Assessors: if you have questions regarding the Veterans questions in the assessment, please reach out to Jessica Smith at CSH, jessica.smith@csh.org and 312-332-6690 x 2824.  

If Applicant did not say YES to either of the two veteran status questions above, SKIP to Section 3, “Housing History”.  

2. Veteran Status Details  

Military Service Details  

What was the character of your discharge?  ☐ Honorable  ☐ General under honorable conditions  ☐ Under Other than honorable conditions (OTH)  ☐ Bad conduct  ☐ Dishonorable  ☐ Refused  ☐ Uncharacterized  ☐ Client doesn’t know  ☐ Client refused  ☐ Data not collected  

Veteran Offer of Permanent Housing  

All Veterans should be offered PH. An offer will be made through Coordinated Entry if the household is eligible for a housing program.  

Would you like to be connected to a permanent housing provider?  ☐ Accepted Offer  ☐ Declined Offer  

If you encounter a veteran during the weekday (8:00 am – 4:30 pm), call the CRRC (Community Resource and Referral Center) at 312-569-5750 to find out the Veteran’s eligibility for VA-funded services. If the veteran prefers to go directly to the CRRC, their address is 1141 South California Avenue. The CRRC is open Monday through Friday, 8:00 am – 4:30 pm.  

If you encounter a veteran outside work hours, call the Jesse Brown VA at 312-569-8387 and ask for the Administrator on
### Duty and Information

Duty and inform them that you have a Veteran experiencing homelessness and you would like to be connected to the social worker to check on eligibility. Also, the Veteran can walk into the Jesse Brown Emergency Room during these hours and request to talk to a social worker. Featherfist has a 24-hour hotline: 773-677-9862.

### 3. Housing History

**Where did you sleep last night?**
- [ ] Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- [ ] Foster care home or foster care group home
- [ ] Hospital or other residential non-psychiatric medical facility
- [ ] Hotel or motel paid for without emergency shelter voucher
- [ ] Interim housing (This is not a type of housing but rather a housing situation where a person experiencing chronic homelessness has been accepted into a permanent housing program but for which there is some situation preventing them from moving immediately into housing and therefore the individual is staying in a temporary living situation.)
- [ ] Jail, prison, or juvenile detention facility
- [ ] Long-term care facility or nursing home
- [ ] Owned by client, no ongoing housing subsidy
- [ ] Owned by client, with ongoing housing subsidy
- [ ] Permanent housing for formerly homeless persons
- [ ] Place not meant for habitation (street, vehicle, park, or area not meant for sleeping)
- [ ] Psychiatric hospital or other psychiatric facility
- [ ] Rental by client, no ongoing housing subsidy
- [ ] Rental by client, with VASH subsidy
- [ ] Rental by client, with other ongoing housing subsidy
- [ ] Residential project or halfway house with no homeless criteria
- [ ] Safe Haven (Safe Haven is a transitional housing model that addresses the needs of persons experiencing homelessness with a severe and persistent mental illness.)
- [ ] Staying or living in a family member’s room, apartment or house
- [ ] Staying or living in a friend’s room, apartment or house
- [ ] Substance abuse treatment facility or detox center
- [ ] Transitional housing for homeless persons (including youth)
- [ ] Other

**Length of Homelessness**

Document each of the Applicant’s housing situations/location overlapping with the past 5-year time frame, housed or unhoused, to the best of your ability. Enter actual start date for every location, even if the start date was 8 years ago, and end date was 4 years ago. Please be as accurate as possible when entering the date range for this living situation. This date range should not overlap with the date range of other instances, EXCEPT the exit date of this instance should equal the entry date of the next. Exit date = subsequent entry date. If a homeless episode can be verified by a third-party please include name and/or contact information, as well as any other relevant information.

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Type of Place</th>
<th>Location Details/Notes</th>
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**Commented [A4]:** Prior Living Situation - Type of Residence

(Prior Living Situation refers to where the Applicant slept last night, or their current situation. In most cases, these will be the same. An example of when they might differ is if the person stayed in housing last night but you are enrolling them into shelter tonight. In this case, the person is verifiably experiencing homelessness even though last night they were not.)

**Commented [A5]:** I’d like to work with you to record your housing history, going back at least 5 years, even if you were in housing during some of those years. It’s okay if you don’t remember exact dates or details, but we do want to try to capture your experience as accurately as possible.

[Assessor Pointers:]
- Where were you sleeping this time in 2015?
- Have you had your own lease or mortgage before? When was that?
- When was the last time you had a stable living situation?
- Do you remember where you were sleeping on your birthday/New Years/Thanksgiving of XX year?
- Was it cold outside? What time of year/season did XX happen?
- Is there anyone you can call that could help jog your memory?

**Commented [A6]:** [If an applicant asks why it is necessary to collect all of this information:]

CES matches applicants to resources based on a set of priorities the larger community has identified. Our community’s number one priority is to provide housing to people who have been homeless the longest first.
### How long were you staying at the place you slept last night? (Length of Stay in Previous Place)
- One night or less
- Two to six nights
- One week or more, but less than one month
- One month or more, but less than 90 days
- 90 days or more, but less than one year
- One year or longer
- Client doesn’t know
- Client refused
- Data not collected

### Is this the type of place that you typically sleep?
- Yes
- No
- Client doesn’t know
- Client refused

If Yes and selected a situation that falls under Place not meant for habitation, please ask for the type of place they usually sleep and/or of the community in which the individual often engages:
- Homeless community / Encampment (Location: ________________________)
- Park
- CTA
- Emergency room
- Police Station
- Car
- Street
- Abandoned/Uninhabited Building
- Viaduct
- Other: ____________________________

If no, where do you typically sleep?
- Homeless community / Encampment (Location: ________________________)
- Park
- CTA
- Emergency room
- Police Station
- Car
- Street
- Abandoned/Uninhabited Building
- Viaduct
- Other: ____________________________

If the household is staying at one of the locations listed above with children, refer to 311 for access to shelter.

### What is the applicant’s current housing status?
- Homeless
- At imminent risk of losing housing
- Fleeing domestic violence
- At risk of homelessness
- Client doesn’t know
- Client refused
- Data not collected

Some people experience homelessness more than once. If you think about this current occasion, when did it start? (Approximate Date Started): ____/____/____

### How many times (total) did you experience homelessness on the street (place not meant for human habitation), in an Emergency Shelter, or Safe Haven in the past three (3) years?
- One time
- Two times
- Three times
- Four or more times
- Client doesn’t know
- Client refused
- Data not collected

### How many months (total) have you experienced homelessness on the street, in an Emergency Shelter, or Safe Haven in the past three (3) years? ___________ months
- Client doesn’t know
- Client refused
- Data not collected

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Commented [A7]: Thank you for sharing that information with me. I know it's hard to recount everything you've been through.

Based on the information you just provided, I'm going to go ahead and answer a few questions. [Assessor: answer the next 8 questions using info from HHT].

Commented [A8]: Typical, in this instance, is defined as a client staying at the location indicated for an extended period of time with no significant breaks. A good measure of time at a given location may be three weeks or more.

Commented [A9]: Only answer this question if the client had indicated "Place not meant for human habitation" in the Current Residence/Living Situation question.

Commented [A10]: If a client had indicated that where they stayed last night is not typically where sleep, indicate what kind of living situation does the client reside in.
CHICAGO CONTINUUM OF CARE – STANDARDIZED HOUSING ASSESSMENT

CHA Pre-Screen – Justice Involvement

Are you a part of the lifetime sex offender registry? □ Yes □ No □ Client refused
□ Client doesn’t know □ Data not collected

Have you been convicted of the manufacture or production of methamphetamine in federally assisted housing? □ Yes □ No □ Client refused
□ Client doesn’t know □ Data not collected

Have you or a household member been evicted from public, federally assisted, or Section 8 housing because of drug-related criminal activity? □ Yes □ No □ Client refused
□ Client doesn’t know □ Data not collected

4. Household Details

Household Composition / Size

Including yourself, how many people do you expect to live in your household if you get matched to housing? ______

Note: If the applicant is expecting a child add one to the household size.

Number of Adults (aged 18+) in Household:

Number of Children (under age 18) in Household: ______

Child #1: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #2: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #3: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #4: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #5: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #6: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #7: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #8: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #9: Age____ □ Male □ Female □ Transgender □ Gender fluid

Child #10: Age____ □ Male □ Female □ Transgender □ Gender fluid

Housing Type

Ask YOUTH 18-24: If you are matched to a site-based transitional housing program, would you accept the match?

Script: Site-based, time-limited TH programs are different from having your own apartment in the community. You may live in an apartment within a staffed building w/ other young people in the same program. You may have your own room, but share living spaces such as bathrooms, living room, and kitchen. These programs also have on-site services, structure, and rules to follow to keep everyone safe such as: curfews, chores, and no visitor policies. All programs are welcoming of all people, including people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, two-spirit, or gender non-confirming.

It is important for you to know that most youth TH programs use the site-based model. If you say “No” to this question, you may have to wait longer for a match since your name will not be considered when there is a program opening. If you change your mind you can have this decision updated by me or any Skilled Assessor.

Ask Everyone: Some people will not, or are not able to live on a certain side of the city. Is there any part of the city that you will refuse to live if offered a housing option there? Check all that apply:

□ N/A – I will live on any side of the city □ North Side □ South Side □ West Side

ASK SINGLES ONLY: Single Room Occupancy or SRO housing involves a unit without a full kitchen □ Yes □ No

and may include a shared bathroom. Would you accept an SRO housing option?

□ Yes □ No □ Client refused □ Client doesn’t know □ Data not collected

5. Income and Employment

Does anyone in your household currently receive income from any source?

□ Yes □ No □ Client refused □ Client doesn’t know □ Data not collected

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CES Housing Assessment
If yes, what is/are the household's current income source(s)?

- Earned Income
- Unemployment Insurance
- SSI
- SSDI
- TANF
- General Assistance
- Private Disability Insurance
- Child Support
- Alimony or Other Spousal Support
- Worker's Compensation
- VA Service Connected Disability Compensation
- VA Non-Service Connected Disability Pension
- Retirement Income from Social Security
- Pension or retirement income from another job
- Other: _____________

What is your household’s gross monthly income from all income sources? $_____________

2019 Chicago Area Median Income

<table>
<thead>
<tr>
<th># in HseHld</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% AMI</td>
<td>$1,563</td>
<td>$1,783</td>
<td>$2,008</td>
<td>$2,229</td>
<td>$2,408</td>
<td>$2,588</td>
<td>$2,767</td>
<td>$2,946</td>
</tr>
<tr>
<td>50% AMI</td>
<td>$2,600</td>
<td>$2,971</td>
<td>$3,342</td>
<td>$3,713</td>
<td>$4,013</td>
<td>$4,308</td>
<td>$4,604</td>
<td>$4,904</td>
</tr>
</tbody>
</table>

What is household AMI level?

- No Income
- Less than 30%
- 30% – 50%
- Greater than 50%

Would you like to explore a way to increase your income through work?

- Yes
- No
- Client refused
- Client doesn’t know
- Data not collected

If yes, would you like to be connected to employment services?

- Yes
- No
- Client refused
- Client doesn’t know
- Data not collected

If yes, please provide the following phone number: 312-252-0450.

6. Vulnerability Index (VI) Determination

Please complete the appropriate VI assessment for the household.

- Individual VI: 25 years of age or older and without any current children (under age 18) entering their household. This includes households with more than one person if no household member is under 18.
- Family VI: 25 years of age with children under age 18 in their care or those who are expecting a baby and/or minor(s) (under the age of 18) to join the household.
- Youth VI: Under 25 years of age including youth led families with minor children.

Commented [A17]: We are all done with this portion of the assessment. There is one more section left, which contains questions about your health. I wanted to give you a heads up that the questions do get personal.

If you are matched to housing, none of your health information will be shared with the housing provider. The answers you provide will be used for housing match purposes only. Your answers will not be held against you. You may decline to answer any of the questions, but keep in mind that the more information you share, the more likely it is for a possible housing match to be the right fit.

ALL ASSESSORS: REMINDER

Upload a copy of any/all of the following documents in HMIS under the Client Profile tab:

HMIS Consent for Data Sharing, State ID or Driver’s License, Birth Certificate, Social Security Card, Verification of Homelessness, Disability Documentation, Discharge Documentation, DV Documentation, Proof of Income, DD214 Form (Veteran), or 1010 Form (Veteran)

Notes: