Personal/ Housing History

1. **When you were growing up, did you usually have members from multiple generations in your household (more than two generations, like grandparents or grandkids)?**

   ☐ Yes
   ☐ No

2. **Is your current lack of stable housing because of conflicts around gender identity or sexual orientation?**

   ☐ Yes
   ☐ No

3. **Did you graduate High School or obtain a GED?**

   ☐ Yes
   ☐ No

4. **Do you believe you have experienced discrimination related to your race, ethnicity, age, gender identity, sexual orientation, or disability for example in housing, employment, education healthcare, the criminal justice/ legal system, financial services, or social services?**

   ☐ Yes
   ☐ No

Systems Involvement

5. **Was your homelessness caused due to being discharged from jail, juvenile detention center, the child welfare system/ foster care or other?**

   ☐ Yes
   ☐ No

6. **Have you ever been in foster care- that is, placed in a foster home, another relative's home, a group home or in some other out-of-home placement?**

   ☐ Yes
   ☐ No

7. **Have you ever been sentenced to spend time in jail, prison, a juvenile detention center, a residential facility, or other correctional facility prior to the age of 18?**

   ☐ Yes
   ☐ No

Wellness

8. **Do you have, or has anyone ever told you that you have a Chronic Health Condition?**

   ☐ Yes
   ☐ No

   (***Diagnosis of health condition that will last 3+ months such as****: Heart Disease, Liver Disease, Diabetes, Severe Asthma, Arthritis, Adult-Onset Cognitive Impairments, Severe Headache/ Migraine, Cancer, Stroke, Emphysema)*

9. **Do you have, or has anyone ever told you that you have a Developmental Disability?**

   ☐ Yes
   ☐ No

   (e.g., Autism Spectrum Disorder, Cerebral Palsy, Intellectual Disabilities, Down Syndrome or a Language and Learning Disorder that were identified before the age of 22 such as ADHD)

10. **Do you have or has anyone ever told you that you have a Mental Health Disorder?**

    ☐ Yes
    ☐ No

    (e.g., Anxiety Disorders, Depression, Bipolar Disorders, Post Traumatic Stress Disorder "PTSD", Schizophrenia, Eating Disorders, SMI "Serious Mental Illness")

11. **Do you have or has anyone ever told you that you have a Physical Disability?**

    ☐ Yes
    ☐ No

    (One that impairs your day-to-day living e.g., amputations, blindness, hard of hearing, wheelchair-bound, inability to climb stairs)

12. **Do you have or has anyone ever told you that you have a Substance Use Disorder OR are you currently using substances?**

    ☐ Yes
    ☐ No
    ☐ Prefers not to answer

13. **If yes to question #12, have you, within the last 90 days used two or more of the following?**

    ☐ Yes
    ☐ No
    ☐ Prefers not to answer

    - Fentanyl or other Opiates (also known as Blues, Berries, Percs)
    - Methamphetamines (also known as "G", Meth, Glass, Crank, Clear, Speed, White)
    - Benzodiazepines (also known as Benzos, Xani-bars)
    - Alcohol (also known as "The Lean"-cough syrup)

(*If Yes to any of questions #8-13 please ask question #14)*

14. **Do you have documentation from a healthcare provider for any of the above conditions?**

    ☐ Yes
    ☐ No

Exploitation/ Victimization

15. **While experiencing homelessness has anyone stalked, Cyber-stalked or threatened you with violence OR has anyone pressured you to exchange sexual acts for money, drugs, food, a place to stay, clothing or protection?**

    ☐ Yes
    ☐ No

16. **Are you fleeing/ attempting to flee, or have you recently fled a dangerous/abusive relationship within the last 6 months?**

    ☐ Yes
    ☐ No

    ***If yes, ask the following questions:

    a) Has the frequency or severity of the abuse increased in the last 6 months?
        ☐ Yes
        ☐ No

    b) Does your partner/ ex-partner or anyone in your life stalk you in any way (including cyber-stalking)?
        ☐ Yes
        ☐ No

    c) Do you ever feel that the person causing harm is capable of killing you or a member of your family?
        ☐ Yes
        ☐ No

    d) Has the person causing harm ever used a weapon or object to harm or threaten to harm you?
        ☐ Yes
        ☐ No

    e) Has you're the person causing harm ever strangled, choked, or suffocated you?
        ☐ Yes
        ☐ No

Attachment A2: TPCH Coordinated Assessment Tool: Family

Household Demographics

1. **Are you or anyone in your household pregnant?**

   ☐ Yes
   ☐ No

2. **How many minor aged children are living with you right now?**

   ☐ 1
   ☐ 2 or more

3. **If you were to get housing, who would live with you? (check all that apply)**

   ☐ Single Parent/ Single guardian
   ☐ Two or more Parent/ guardian household
   ☐ Children under 6 years of age
   ☐ Children 6 years of age and older
   ☐ Dependent adult with a Developmental Disability
   ☐ Children not currently in your custody but with a reunification plan

Personal/ Housing History

4. **When you or anyone in your household were growing up, did you/ they usually have members from multiple generations in the household (this is at least 3 generations in one household, that is, not just parents and children, but grandparents, parents and children for example)?**

   ☐ Yes
   ☐ No

5. **Is your household's current lack of stable housing because of conflicts around gender identity or sexual orientation?**

   ☐ Yes
   ☐ No

6. **Did you and any other adults over age 18 in your household graduate High School or obtain a GED?**

   ☐ Yes
   ☐ No

7. **Do you believe you or anyone in your household have experienced discrimination related to your/ their race, ethnicity, age, gender identity, sexual orientation, or disability for example in housing, employment, education, healthcare, the criminal justice/ legal system, financial services, or social services?**

   ☐ Yes

☐ No

Systems Involvement

8. **Was your household's homelessness caused due to you or someone in the household being discharged from jail, juvenile detention center, or the child welfare / foster care sytem?**

   ☐ Yes
   ☐ No

9. **Have you or anyone in your household ever been in foster care- that is, placed in a foster home, another relative's home, a group home or in some other out-of-home placement?**

   ☐ Yes
   ☐ No

10. **Have you or anyone in your household ever been sentenced to spend time in jail, prison, a juvenile detention center, a residential facility, or other correctional facility prior to the age of 18?**

    ☐ Yes
    ☐ No

Wellness

11. ***Do you or anyone in your household have any chronic health conditions or has anyone ever told you or anyone in your household that you have a Chronic Health Conditions?***

    ☐ Yes
    ☐ No
    (***Diagnosis of health condition that will last 3+ months such as****: Heart Disease, Liver Disease, Diabetes, Severe Asthma, Arthritis, Adult-Onset Cognitive Impairments, Severe Headache/ Migraine, Cancer, Stroke, Emphysema)*

12. ***Do you or anyone in your household have a Developmental Disability or has anyone ever told you or anyone in your household that you have a Developmental Disability?***

    ☐ Yes
    ☐ No
    ☐ *(e.g., Autism Spectrum Disorder, Cerebral Palsy, Intellectual Disabilities, Down Syndrome or a Language and Learning Disorder that were identified before the age of 22 such as ADHD)*

13. ***Do you or anyone in your household have a Mental Health Disorder or has anyone ever told you or anyone in your household that you have a Mental Health Disorder?***

    ☐ Yes
    ☐ No
    (e.g., Anxiety Disorders, Depression, Bipolar Disorders, Post Traumatic Stress Disorder "PTSD", Schizophrenia, Eating Disorders, SMI "Serious Mental Illness")

14. *Do you or anyone in your household have a Physical Disability or has anyone ever told you or anyone in your household that you have a Physical Disability?*

    - ☐ Yes
    - ☐ No

    (One that impairs your day-to-day living e.g., amputations, blindness, hard of hearing, wheelchair-bound, inability to climb stairs)

15. *Do you or anyone in your household have a Substance Use Disorder or has anyone ever told you or anyone in your household that you have a Substance Use Disorder?*

    - ☐ Yes
    - ☐ No
    - ☐ Prefers not to answer
    - ☐

16. **If yes to question #15, have you, or anyone in your household within the last 90 days used two or more of the following?**

    - ☐ Yes
    - ☐ No
    - ☐ Prefers not to answer

        - Fentanyl or other Opiates (also known as Blues, Berries, Percs)
        - Methamphetamines (also known as "G", Meth, Glass, Crank, Clear, Speed, White)
        - Benzodiazepines (also known as Benzos, Xani-bars)
        - Alcohol (also known as "Lean"-cough syrup)

(*If yes to any of questions #11-16 please ask question #17)*

17. **Do you have documentation from a healthcare provider for any of the above conditions for yourself, or whichever member of your household has one or more of the above listed conditions?**

    - ☐ Yes
    - ☐ No

Exploitation/ Victimization

18. **While experiencing homelessness has anyone stalked, Cyber-stalked or threatened you or anyone else in your household with violence OR pressured you to exchange sexual acts for money, drugs, food, a place to stay, clothing or protection?**

    - ☐ Yes
    - ☐ No

19. **Are you or is anyone in your household fleeing/ attempting to flee, or have you or anyone else in your household recently fled a dangerous/abusive relationship within the last 6 months?**

- ☐ Yes
- ☐ No

***If yes, ask the following questions**:

f) Has the frequency or severity of the abuse increased in the last 6 months?
   - ☐ Yes
   - ☐ No

g) Does your partner/ ex-partner or anyone in your life stalk you in any way (including cyber-stalking)?
   - ☐ Yes
   - ☐ No

h) Do you ever feel that the person causing harm is capable of killing you or a member of your family?
   - ☐ Yes
   - ☐ No

i) Has the person causing harm ever used a weapon or object to harm or threaten to harm you?
   - ☐ Yes
   - ☐ No

j) Has the person causing harm ever strangled, choked, or suffocated you?
   - ☐ Yes
   - ☐ No

Attachment B: Pre and Postscripts

Before The Questionnaire (Pre-Triage)

The Housing Questionnaire you are about to complete allows you to be included in a pool of people that may receive a referral to a housing program that serves people experiencing homelessness. Please understand that the potential housing referral is a long process and your patience is appreciated*.

Depending on housing availability at this time, placement is not a guarantee. Other resources such as Section 8 Housing, Affordable Housing, and Emergency Shelters may potentially be available, but are accessed through different methods, not via this questionnaire.

Before we begin, you should know:

1. The information collected is confidential within the Homeless Management Information System (HMIS) Database.
2. This questionnaire is voluntary. If you feel uncomfortable answering any questions, we can discuss alternatives such as finding a new assessor you feel more comfortable speaking with.
3. All of the housing service providers within the community will have access to results of this questionnaire.

Do you have any questions before we begin?

After the Questionnaire is completed:

It is recommended that you update your information when changes occur (contact information, family composition, living situation etc.), and check on your status. You may do this by reaching out to any of the community's Access Points (provide handout). The questionnaire will stay active as long as you provide an update every 30 days but no later than 90 days to avoid it being closed.

As a reminder, there is no guarantee you will be matched with a housing provider. If you do get matched with an agency for housing, someone from that agency will reach out to you directly to set up an appointment to complete an intake, which is why it is very important to update your information regularly. Since there are very limited housing program openings available, please be sure to utilize other community housing resources to your advantage when possible (provide handout of housing resources).

Do you have any questions before we end?

Resource List:

1. Emerge! Center Against Domestic Abuse: (520) 795-4266 **OR** 1-888-428-0101
2. Salvation Army Shelter: (520) 622-5411 (men, women, and families)
3. Sister Jose's Women's Shelter: (520) 909-3905 (women's shelter)
4. Primavera Men's Shelter: (520) 623-4300 (men's shelter
5. Gospel Rescue Mission: (520) 740-1501 (men, women, and families)
6. Magnotto House: (520) 624-5518 (men and women – must have an SMI Determination)
7. Primavera Family Pathways (520) 623-5111 (families)
8. Casa Paloma (520) 623-5111 (women)