|  |  |
| --- | --- |
|  | **Total Score**0 |
| **Demographic Information**  |
| Date: | Interviewer/Advocate/Case Manager’s Name: |
| Click here to enter a date. |  |
| Agency:  | Interviewer/Agency Contact Phone # |
|  |  |
| Preferred Language: | Secondary Language: |
|  |  |
| Full Name of Head of Household | SSN (Optional- last 4 ONLY) |
|  |  |
| Date of Birth (xx/xx/xxxx) | Household Description: |
| Click here to enter a date. | [ ] Individual | [ ] Family | [ ] Couple |
| How do you prefer to be contacted? | Phone Number: |
| [ ] Phone | [ ] Email | [ ] Mail |  |
| Email: | Address: |
|  |  |
| Alt. Contact Name & Relationship to you | Alt. Contact Information (Phone/Email/Address) |
|  |  |
| Are you fleeing a domestic violence situation? | Gender you identify as:  |
| [ ] Yes | [ ] No | [ ] Male | [ ] Female | [ ] Agender | [ ] Other |
|  |
| **Household Composition** (Use back of page section if more room is needed) |
| **Name** | **Gender** | **Relationship** | **DOB** |
|  |  | Head of Household |  |
|  |  |  |  |
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| **Section 1: Misc. Vulnerability Points** |
| Have you ever served in the military? (for placement and veteran’s services referral only)  | [ ] Yes | [ ] No |
| Score 1 point if household had 6 or more members | 0 |
| Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year) | 0 |
| Score 1 point if applicant is over 60 years old | 0 |
| Score 1 point if applicant is 18-24 years old | 0 |
| **Section 1 Total:**  | 0 |

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| **Section 2: Housing/Homelessness** |
| In this section choose only one answer in each Part |
| **Part A.** | **Tell me about where you have been staying at night** (Choose where you have been sleeping most often) |
| 5 | Homeless in a place not meant for human habitation | 0 |
| 4 | Homeless in a shelter | 0 |
| 3 | In Transitional Housing | 0 |
| 2 | In substandard housing and/or rent is not affordable (over 30% of income) | 0 |
| 1 | In stable housing that is only marginally adequate | 0 |
| 0 | Housing is safe, adequate, and affordable | 0 |
|  | Part A Sub-total: | 0 |

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| --- | --- |
| **Part B.** | **If in Shelter or a place not meant for human habitation, how long have you been staying there?** |
| 3 | More than 1 year | 0 |
| 2 | 6 months to 1 year | 0 |
| 1 | 1 to 6 months | 0 |
| 0 | Less than 30 days | 0 |
|  | Part B Sub-total: | 0 |

|  |  |
| --- | --- |
| **Part C.** | **\*\*Answer Part C ONLY if Part B is Less than 1 year\*\*** |
| **If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?** |
| 1 | Yes | 0 |
| 0 | No | 0 |
|  | Part C Sub-total: | 0 |

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| --- | --- |
| **Section 2 Total:** | 0 |

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| **Section 3: Income/Employment** |
| In this section choose only one answer in each Part |
| **Part A.** | **Do you have a steady income?** |
| 4 | No Income | 0 |
| 2 | Some income, not stable, insufficient to afford unsubsidized housing | 0 |
| 1 | Income from mainstream benefits, insufficient to afford unsubsidized housing | 0 |
| 0 | Income from employment or mainstream benefits, sufficient to afford unsubsidized housing | 0 |
|  | Part A Sub-total: | 0 |

|  |  |
| --- | --- |
| **Part B.** | **Do you have a job?** |
| 5 | No, I can’t work due to disability | 0 |
| 4 | No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.  | 0 |
| 2 | Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job | 0 |
| 1 | Yes, I have a disability but work limited hours to supplement SSI/SSDI income | 0 |
| 1 | Yes, I work part-time and have regular hours | 0 |
| 0 | Yes, I work full-time | 0 |
|  | Part B Sub-total: | 0 |

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| **Section 3 Total:** | 0 |

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| **Section 4: Mental Health/Substance Abuse** |
| In this section choose only one answer in each Part |
| **Part A.** | **Have you been diagnosed with a mental illness?** |
| 3 | Yes, I am not currently being treated for it | 0 |
| 2 | Yes, I am under a doctor's care but I don't always take my medications / follow their instructions | 0 |
| 1 | Yes, I am under a doctor's care and take my medication / follow the doctor's instructions | 0 |
| 0 | No I do not have a mental illness | 0 |
|  | Part A Sub-total: | 0 |

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| --- | --- |
| **Part B.** | **Please tell us if you have a history of substance use disorder (SUD)** |
| 4 | Yes and I am currently using alcohol or drugs and not in recovery | 0 |
| 3 | Yes, but I have been in recovery for less than 6 months | 0 |
| 2 | Yes, but I have been in recovery for 6 months to 1 year | 0 |
| 1 | Yes, but have been in recovery for more than 1 year | 0 |
| 0 | I do not have a substance abuse problem | 0 |
| Check the box if you wish to be referred ONLY to programs providing substance abuse services | [ ]  | Part B Sub-total: | 0 |

|  |  |
| --- | --- |
| **Part C.** | **Please tell us if you have overdosed on drugs or alcohol.** |
| 2 | I have had an overdose (OD) or alcohol poisoning within the past 12 months. | 0 |
|  | Part A Sub-total: | 0 |

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| **Section 4 Total:** | 0 |

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| **Section 5: Physical Health** |
| In this section choose only one answer in each Part |
| **Part A.** | **Do you have any chronic health conditions?** |
| 3 | Yes, I am not currently being treated for it/them | 0 |
| 2 | Yes, I am under a doctor's care but I don't always take my medications / follow their instructions | 0 |
| 1 | Yes, I am under a doctor's care and take my medication / follow the doctor's instructions | 0 |
| 0 | No I do not have a chronic health condition | 0 |
|  | Part A Sub-total: | 0 |

|  |  |
| --- | --- |
| **Part B.** | **Do you have trouble getting around due to a chronic health condition?** |
| 3 | Yes, I am in a wheelchair | 0 |
| 2 | Yes, I depend on a cane / crutches for mobility | 0 |
| 1 | Yes, I can walk a short distance without assistance, but with difficulty | 0 |
| 0 | No, I don't have any trouble getting around | 0 |
|  | Part B Sub-total: | 0 |

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| --- | --- |
| **Part C.** | **Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)** |
| 2 | Yes | 0 |
| 0 | No | 0 |
|  | Part C Sub-total: | 0 |

|  |  |
| --- | --- |
| **Part D.** | **How many times have you visited a hospital emergency room in the past 12 months?** |
| 3 | 10 or more times | 0 |
| 2 | 5 to 9 times | 0 |
| 1 | 1 to 4 | 0 |
| 0 | I have not gone to the emergency room in the past 12 months  | 0 |
|  | Part D Sub-total: | 0 |

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| --- | --- |
| **Section 5 Total:** | 0 |

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| **Section 6: Sexual Orientation/Gender Identity** |
| **Do you identify as LGBTQ?** |
| 2 | Yes | 0 |
| 0 | No | 0 |

|  |  |
| --- | --- |
| **Section 6 Total:** | 0 |

|  |  |
| --- | --- |
| **Total Vulnerability Score:**  | 0 |

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| **Section 7: Any Further Comments** |
|  |

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