|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | **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 | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |
|  | | |  | |  | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |

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

|  |  |  |
| --- | --- | --- |
| **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 |

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

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information.  To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4th Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.