



## Bridges to Housing Family Needs Assessment

Participant Last Name	First Name	Assessment Date
Staff Name		

The goal of <name of agency> Bridges to Housing project is to help homeless families gain permanent housing and stable income that is enough to support your family on your own. These questions help us figure out together how we can best assist you and your family. Some of these questions may seem personal. However, your complete answers help us work together to best address the needs of your family. Feel free to stop us at any time if you have a question. Also, remember that all information shared with <agency name> is confidential.

### **ASSESSMENT PART A**

#### **I. OVERVIEW**

1. What strengths do you see your family having? What are some things your family does really well?
2. What are some of the hardships your family has faced?
3. (if not already answered) What hardships are you facing right now?
4. What would help you overcome some of these hardships in the next four months?
5. Who is a support to you? Who helps you?

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**6. Who does your family help and support?**

**7. Children's Information**

Name	Age	Date of Birth	Legal Custody	Physical Custody	School	Grade

**II. Income**

**1. How much was your income (not counting food stamps) in the last 30 days?**

**2. From what sources?**

Source	\$	Source	\$
Child Support		State disability	
Employer wage		Contributions from other people	
Public assistance		Dividends	
SSI		Interest	
Social Security		Annuities	
Veterans Administration		Medicare	Yes No
TANF		Medicaid	Yes No
Unemployment		Railroad retirement	
Workers Compensation		Rental income	

Pension/Retirement		Other: Specify	
Alimony		SSDI	
Retirement disability		SCHIP	
Self employment		Veteran Health Care	Yes      No
Other health plan (specify)			

**3. Currently Employed: Yes No**  
**If Unemployed, looking for work: Yes No**  
**If employed, hours worked last week: \_\_\_\_\_**  
**If currently employed: Permanent Temporary Seasonal**  
**Is this employment full time (35+) or part time**

**3. Are you currently receiving food stamps? If so how much per month?**

**4. Are there any benefits you have applied for that you have not yet received?**

### **III. Housing/Credit History**

**1. What has been your living situation for the last few weeks?** (make sure to note where they stayed last night)

**2. (If doubled up) What is your arrangement with the people you are staying with?**

**3. (If still housed) How long before you need to leave?**

**4. What about before that?**

**5. When was the last time you had a home of your own? How long did that situation last?**

**6. What happened to end that situation and when?**

**7. What would have prevented you from losing your home?**

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**8. Have there been other times in the past three years when you did not have a home of your own?**

**9. If so, for what time period(s) and where did you sleep?**

(make sure to get information about ALL periods of homelessness during the past three years, use the back of the page if you need more space)

**10. When you are searching for housing, are there things either in your rental, credit or criminal history that might cause you to be denied housing? If so, please give specific dates and information.**

**11. Do you owe money to any former landlords?**

**12. Do you have any unpaid utility bills?**

**13. Do you have any resources to pay housing deposits?**

**14. Do you owe any money to a Housing Authority?**

**15. Do you have any other outstanding debts?**

**16. Have you ever received any form of rent assistance? If so, do you remember who it was through, when it was and the name of the program?**

Note to intake worker: Make sure to get enough information with the above questions to answer the following questions, but you do not need to go over every single thing.

Date of present homelessness: \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary reason for homelessness (1) secondary reason for homelessness (2)

- |                     |                          |
|---------------------|--------------------------|
| Medical             | utility shutoff          |
| substandard housing | loss of transportation   |
| loss of childcare   | domestic violence victim |

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underemployment/low income    Release from an institution  
 no affordable housing            Loss of public assistance  
 Health/Safety                        criminal activity  
 eviction                                Mental health  
 substance abuse                      Mortgage foreclosure  
 loss of job

Current Living Situation: on the street    vehicle    camping    hospital    emergency shelter    living with family  
 living with friends    mental health facility    substance abuse treatment center    substandard hotel/motel

How long have you been sleeping in the same place or same kind of place?: one week or less    more than one week but less than 1 month    1 month to 3 months    More than 3 months but less than 1 year    1 year or longer

\* Extent of homelessness: first time    1-2 times in the past    Chronic: 4 times in the past 3 years    Long term: 2 years or more

#### **IV. Transportation**

- 1. What is your family's primary mode of transportation?**
- 2. If you have a car do you need help with obtaining a current license and insurance**

#### **V. Disability**

- 1. Does anyone in your household have a physical or mental health disability that has been or could be documented by a doctor? (circle all that apply and note the person's name)**

alcohol    developmental    drug    physical/medical    mental health related    physical/mobility    HIV/AIDS  
 hearing    vision    dual diagnosis    learning disability    other

- 2. Has anyone in your family applied, but not received SSI/SSD? If so, what is the status of that application? Would you like help with that process?**

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**VI. Domestic Violence**

1. **Are you currently in a situation of domestic violence?**
  
2. (If not already answered) **Was domestic violence a factor in your current or recent loss of housing?**
  
3. **If yes, explain briefly.**
  
4. **Would you be interested in information about support services for survivors of domestic violence?**

**VII. Alcohol and Drugs**

1. (If not already answered) **Were alcohol or drugs a factor in your current or recent loss of housing?**
  
2. **If yes, explain briefly.**
  
3. **Would you be interested in information about programs to help people reduce or stop their use of alcohol or drugs?**
  
4. **If yes, tell me a little more about this?** (participated in treatment or recovery programs in past, what they liked, what didn't work as well, etc.)

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**ASSESSMENT PART B**  
**VIII. Hopes and Dreams**

**Purpose: To learn what the individual wants for his/her family and explore possibilities**

**1. Think of a time in your life when things were going better. What was that like? When was that?**

**2. If anything were possible for your life right now, what would your life look like and what would you be doing? (What are their dreams for the future?)**

**IX. Education**

**1. Tell me about your family’s experiences in school.** (Pay attention to school moves for children, problem areas, adult levels of education)

**2. Does the parent(s) have:**

- Diploma     GED     1 or more year of college     College degree     Training Course
- Diploma from another type of college or institution     Other \_\_\_\_\_

**3. How do you feel about your skills when it comes to reading and writing?**

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**X. Children's Needs**

**1. Tell me about your child/children.** (What does the child enjoy? How is your child's temperament?)

**2. Schools**

Child's Name	Current School or Care Provider	Number of schools attended in past 2 yrs	Interests and extra curricular activities

**3. Has your child/children been to Head Start, Early Head Start, daycare or other educational/care environment?** (Who, what, where, when?)

**4. What are some things your child (or children) like about school or child care or are good at?**

**5. Are there areas that your child/children are doing well?**

**6. What are some things you do to support your children's success?**

**7. Are there areas in which your child/children are struggling?** (physical, emotional, social and learning)

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- 8. Do you have any concerns with any of your children’s educational or child care situations? For example, frequent calls home from school staff, concerns that your child’s needs are not being properly addressed or concerns about a child’s progress in school ?**
- 9. Has your child/children been exposed to dangerous or abusive situations?**(Pay attention to details and possible DV, substance abuse on the part of caregivers, physical and sexual abuse and neglect, listen for and note details such as people, dates and if abuse was prosecuted, was familial etc.)
- 10. If you could do one thing for your child (each child), what would it be?**
- 11. Do any of your children have any medical, dental or other needs that are ongoing or not being addressed? For example, diabetes or vaccinations due?**
- 12. Is there anything else you would like us to know about any of your children?** (listen for DHS or Indian Child Welfare involvement)
- 13. Is anyone important to you or your children currently incarcerated?** (If so get a few details and find out if they have been able to visit, if not if they would like help figuring out how to visit.)

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**XI. Child Welfare ( DHS/CPS/ICW ) Involvement**

**1. Has Child Welfare ever been involved with your family?**

**(if yes) We would like to try and help you succeed in meeting any requirements DHS has set for you to regain full legal and physical custody of your children. The next few questions will help us get started on working together with you towards that goal.**

**2. Child Custody (ask if parent does not have full physical or legal custody of one or more children)**

**3. If parent does not have physical custody**

**a. Is there a plan for return of your children?**

**b. Is there a time frame for return of your children?**

**c. What do you need to do in order for your children to be returned to your custody?**

**4. If parent has physical custody but not legal custody**

**a. Is there a plan for legal custody of your children to be restored to you?**

**b. What is in this plan?**

**c. What is the time frame?**

Make sure to get name, number and ROI for DHS worker.

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**XII. Employment**

1. **What is your work history over the last two years?**
  
2. **Do you have any gaps in your employment history?**
  
3. **If yes, how could you explain those gaps in a job interview?**
  
4. **Do you have any medical conditions that might prevent you from working part or full time?**
  
5. **Have you seen a medical doctor or mental health counselor for this?**
  
6. **Do you think they would be willing to write a letter documenting these conditions and how they might prevent you from working?**
  
7. **When you are searching for employment, are there things in either your past employment, criminal or credit history that might cause you to be denied employment? If so, please give specifics.**
  
8. **In what job field do you have the most experience?**
  
9. **(If working or wanting to work) What type of job would you most like to have?**

**XIII. Mental Health**

1. **Have you ever felt overwhelmed or hopeless?** (get both if diagnosed and comfortable talking about it, or not diagnosed but having trouble)

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**2. Have you ever been in counseling or mental health treatment?**

**3. How was this for you?**

**4. Do you have a mental health diagnosis that you know of?**

**5. Are you working with a mental health provider now?** (If yes, try to get name, number and ROI)

**6. Does your doctor prescribe medicine to help you? How is this for you?**

**XIV. Medical/Dental Needs**

**1. Do you or any family members have any unmet medical or dental needs?** (get specifics on each family member with needs)

**2. Do you have any ongoing medical or dental issues? If so, are you receiving treatment?**

**XV. Immediate Needs**

**1. Which of the following services are immediate needs for your family?**

- Food
- Clothing
- Medical or dental treatment
- Medication
- Transportation
- Furniture
- Pots and Pans
- Dishes and Silverware
- School Supplies
- Other: \_\_\_\_\_

**2. Details on any immediate needs**

**Other People I am Working With** (fill in all that apply and make sure that the ROI includes each)

<b>Provider</b>	<b>Name</b>	<b>Address or Branch</b>	<b>Phone Number</b>	<b>Comments</b>
<b>TANF/Food Stamps</b>				
<b>JOBS/Steps Work First</b>				
<b>Head Start</b>				
<b>Social Services</b>				
<b>Alcohol or Drug Treatment</b>				
<b>SSI/SSDI</b>				
<b>Disability Services</b>				
<b>Mental Health Counselor</b>				
<b>Probation or Parole</b>				
<b>DHS/CPS/ICW Child Welfare</b>				
<b>School Worker</b>				
<b>Veterans Administration</b>				

Assessment adapted from Human Solutions Family Needs Assessment.