

KENTUCKY MOUNTAIN HEALTH ALLIANCE, INC

HOUSING ASSESSMENT

Name: _____

Birthdate: _____

In March 1999, the Bureau of Primary Health Care stated that a homeless person is: *An individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. An individual may be considered homeless if that person is 'doubled up,' a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual's living arrangement is critical to the definition of homelessness.*

Check all that apply.

CATEGORY 1: Individual without permanent housing.

_____ Emergency or Transitional Shelter

_____ Transitional Housing

_____ Single Room Occupancy Shelter

_____ Streets, under bridges, caves, cars, abandon building, shed, barn, tent, camper, trailer, or other that is not fit for human habitation

_____ Within one week of being evicted

_____ Living in a house, trailer, or other structure that is not fit for human habitation.

The house must be dilapidated and meet one of the following:

1. Doesn't have operable indoor plumbing.
2. Doesn't have usable flushing toilet inside.
3. Doesn't have usable bathtub or shower inside.
4. Doesn't have adequate or safe electrical service.
5. Doesn't have adequate or safe heat service.

CATEGORY 2: Individual who is 'doubled up,' or in a situation where they are unable to maintain their housing situation.

_____ Living from place to place

_____ Living with family or friends because you don't have a choice

_____ Families where the member are separated into different houses (son with aunt, daughter with grandmother, and the parent Whenever she/he can)

_____ Living in overcrowded situations (more than two people per bedroom)

_____ Staying with people in public housing or other settings that restrict the number and nights that tenants may have overnight guest.

CATEGORY 3: Individual who was released from a prison or treatment facility that was previously homeless and who does not have a stable housing situation to which they can return.

_____ Discharge from healthcare facility, mental health facility, rehabilitation, or correction program.

CATEGORY 4: Individual living in unstable situation. Factors to consider:

_____ Imminent risk of foreclosure/eviction due to economic reasons. Reasons may include termination from employment, Unexpected medical costs, inability to maintain housing costs including utilities, etc.

_____ In an abusive or dangerous relationship. Intimate partner violence, family/friends taking advantage of a person with a Disability or who is elderly or any violent situation.

_____ Spending more than 50% of income toward rent/mortgage and utilities.

This is to certify the above individual is homeless or currently at risk of homelessness based on the category checked.

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____