

My Housing Needs Profile

Name: _____ Phone: _____ Intake Date: _____

Date of Birth: _____ / _____ / _____
Month Day Year

ID/DD Waiver Supp Coordinator: _____ Housing Locator: _____

Emergency Contact Person: _____ Phone: _____

Part 1. Housing Barriers

Barriers to Housing (Review the list of barriers and use this information to guide the rest of the discussion.)

- No rental history
- Eviction(s) _____ in _____ years

If evicted, state reasons:

- Sporadic Employment History
- No High School Diploma/GED
- Insufficient or No Income
- Insufficient Savings
- No or Poor Credit History
- Debts
- Repeated or Chronic Homelessness
- Recent History of Substance Abuse or Actively Using Drugs or Alcohol
- Recent Criminal History or Felony

Describe (incl. date): _____

- Individual Has Mild to Severe Behavior Problems
- History of Abuse and/or Battery but Abuser not in the Unit
- Recent or Current Abuse and/or Battering (individual fleeing abuser)
- Acute or Chronic Mental Illness
- Acute or Chronic Physical Disability
- Unable to get Utilities in individual's Name
- Past due payment with local landlord from previous lease

If yes, amount owed: _____ since _____
Date

Part 2. Housing History

What types of housing has individual previously lived in? Check all that apply, and include dates of residence and reason for leaving: (indicate N/A if not applicable) *Please list names of programs/shelters as appropriate.*

Type of Residence	Dates of Residence	Reason for Leaving
Group Home for Adults with Intellectual Disabilities		
Private Intermediate Care Facility for Adults with Intellectual or Developmental Disabilities		
State Training Center for Adults with Intellectual Disabilities (Name: _____)		
Skilled Nursing Facility		
Psychiatric Hospital or Facility		
Emergency Shelter		
Transitional Housing for Homeless		
Permanent Housing for Formerly Homeless Persons		
Substance Abuse Treatment or Detox		
Hospital (non-psychiatric)		
Jail, prison, or juvenile detention facility		
Room, apartment, or house that you rent		
Apartment or house that you own		
Staying or living in family member's room, apartment, or house		
Staying or living in a friend's room, apartment, or house		
Hotel or motel paid for without emergency shelter voucher		
Foster Care Home or Foster Care		
Place not meant for Habitation		Reason for <i>NOT</i> leaving:

Rental History/Private Housing History

1. Type of Housing: Private Subsidized Dates of Residence: _____
If subsidized: Public Housing Housing Choice Voucher Other _____
City/State of Residence: _____
Rent: \$_____ Who paid rent? _____
Was individual on the lease? Yes No Don't Know
Reason for Leaving: _____
Name of Landlord/Housing Authority: _____

2. Type of Housing: Private Subsidized Dates of Residence: _____
If subsidized: Public Housing Housing Choice Voucher Other _____
City/State of Residence: _____
Rent: \$_____ Who paid rent? _____
Was individual on the lease? Yes No Don't Know
Reason for Leaving: _____
Name of Landlord/Housing Authority: _____

3. Type of Housing: Private Subsidized Dates of Residence: _____
If subsidized: Public Housing Housing Choice Voucher Other _____
City/State of Residence: _____
Rent: \$_____ Who paid rent? _____
Was individual on the lease? Yes No Don't Know
Reason for Leaving: _____
Name of Landlord/Housing Authority: _____

Part 3. Financial Stability

Have you received money from any of the following sources in the last month? And if so, what amount did you receive from each cash source? *(Read each income source and check all that apply.)*

X	Source of Income	Amount from Source
	Earned Income	\$.00
	Unemployment Income	\$.00
	Supplemental Security Income or SSI	\$.00
	Social Security Disability Income (SSDI)	\$.00
	A Veteran's Disability Payment	\$.00
	Private Disability Payment	\$.00
	Worker's Compensation	\$.00
	Temporary Assistance for Needy Families (TANF or FIP grant)	\$.00
	State Disability Assistance (SDA)	\$.00
	Retirement Income from Social Security	\$.00
	Veteran's Pension	\$.00
	Pension from a former Job	\$.00
	Child Support	\$.00
	Alimony or Other Spousal Support	\$.00
	Other Sources including Gifts from Friends and Family	\$.00
	Illegal Activity	\$.00
	No Financial Resources	
	Total Monthly Income Reported	\$.00

Source of Non-Cash Benefit

Do you participate in any of the following programs? (Check all that apply)

- Food stamps or money for food on a benefits card
- MEDICAID health insurance program
- MEDICARE health insurance program
- State Children's Health Insurance Program
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Veteran's Administration (VA) Medical Services
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-funded services
- Housing Choice Voucher, public housing, or other rental assistance
- Other sources:

Debt

Origin of Debt	Yes	No	Amount	Contact Info
Landlord			\$	
Gas Company			\$	
Electric			\$	
Water/Sewer			\$	
Telephone			\$	
Child Support			\$	
IRS			\$	
Car (Loan/Ticket)			\$	
Student Loans			\$	
Storage			\$	
Credit Cards			\$	
Justice System			\$	
Private Loans			\$	
Medical			\$	
Other			\$	
TOTAL			\$	

What type of credit history do you have?

- Good
 Fair
 Poor
 No Credit History
 Don't Know

Credit Score: _____

Assets:

Do you have a Bank Account? Yes No

Checking \$ _____
 Savings \$ _____

Other \$ _____

Do you have any assets (car, property, CD, IRA)? Yes No

Details: _____

Employment

Are you currently employed? No Yes

(If yes, please answer the following):

How many hours did you work last week? _____ hours

Permanent Part-time Temporary Seasonal

Current Employer Name: _____ Position: _____

Address: _____

Phone: _____ Supervisor: _____

Copy of Pay Stub Reviewed by Case Manager

Previous Employment (type and duration):

(If client reports that he/she is not working, ask the following):

Are you currently looking for work? No Yes

Are you currently unable to work? No Yes

Identification/Paperwork

Currently possesses:

Social Security Card	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
Birth Certificate	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
State ID	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain
Green Card/Work Permit	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Needs to Obtain

Part 4. Housing Requirements

Local communities individual prefers (indicate top three):

What building type does the individual prefer? (indicate top two)

- Garden style apartment (1-4 stories)
- Mid rise (5 – 8 stories)
- High rise (9 stories and above)
- Townhouse
- Other: _____

How many bedrooms does the individual need? (select one)

- OBR (efficiency)
- 1BR
- 2BR
- 3BR

If the individual needs more than one bedroom, who will be living with the individual? _____

What housing features does the individual REQUIRE? (Check all that apply)

- Accessibility for people with disabilities
 - If accessible housing is needed, describe the accessibility features that are **most critical** (e.g., ground floor, accessible parking, grab bars, wide doors, roll-in shower, lower countertops, etc.): _____

- Walking distance to public transportation
- Walking distance to accessible transportation
- Close to supportive services (location: _____)
- Close to employment (location: _____)
- Close to doctor/other health care providers (location: _____)
- Close to shopping and banking
- Close to family and friends (location: _____)
- Familiar neighborhood (location: _____)
- Private bathroom
- Space/storage for medical/adaptive equipment
- Housing where pets are allowed
- Housing where smoking is allowed

- Well-lit sidewalks
- Property management on site
- Other: _____

Explain how the following expenses will be covered:

Category	Estimated Amount	Source	Confirmed (Yes/No)
Apartment application fee			
Holding fee (if any)			
Security deposit			
Pet fee (if applicable)			
Utility deposit			
Moving expenses			
Other:			
Other:			

Tenant Name _____ Program: _____

Part 5. ACTION PLAN

Date of Action Plan: _____ INITIAL: YES NO FINAL: YES NO ACTION PLAN # _____

Signatures below indicate that all parties (Individual/Family, Support Coordinator, & Housing Locator) have discussed this summary and understand how to navigate the resources in order to accomplish the action steps within the timeframe indicated as well as the willingness on behalf of the Individual to follow through with the Plan. If not, assistance in order to do so has been discussed. Client has received a copy of page 9

Priority #	PRIORITY AREA	Action/Resources to Navigate (Must be written in measurable terms.)	Time Frame for Completion	Action Step Information Contact Agency/Name and Phone Number CALL 211	Action Step Completed on what date, by whom?	Was Action Step Completed within Time Frame? Please Explain.
1					<input type="checkbox"/> Individual/Family <input type="checkbox"/> Case Manager <input type="checkbox"/> Housing Staff <input type="checkbox"/> Other_____	
2					<input type="checkbox"/> Individual/Family <input type="checkbox"/> Case Manager <input type="checkbox"/> Housing Staff <input type="checkbox"/> Other_____	
3					<input type="checkbox"/> Individual/Family <input type="checkbox"/> Case Manager <input type="checkbox"/> Housing Staff <input type="checkbox"/> Other_____	
4					<input type="checkbox"/> Individual/Family <input type="checkbox"/> Case Manager <input type="checkbox"/> Housing Staff <input type="checkbox"/> Other_____	

Participant Signature

Support Coordinator Signature

Housing Locator Signature