

Client _____

SHELTER

Standardized Indicators (CSD 7/00)

THRIVING 5	Family has a number of housing options and is able to live in stable housing of choice without subsidy. Household budget accommodates housing costs without undue strain on overall family finances.
SAFE 4	Family's housing options are very limited and family may not be in housing of choice. However, housing is safe, adequate for family size and tenure is stable. Family can afford housing without subsidy and without compromising other basic needs.
STABLE 3	Family is in stable housing that is safe but marginally adequate either because it is affordable only with subsidy or because its size, location, or condition does not fully meet the family's needs.
VULNERABLE 2	Family is living in housing that is transitional, temporary, or unstable. The housing situation is a) not intended to be permanent (shelter, transitional housing, staying with friends), b) inadequate due to health or safety problems or overcrowding, or c) unaffordable, family cannot pay rent and eviction is a possibility.
IN-CRISIS 1	Family is homeless, or nearly homeless because a) housing conditions are so poor as to threaten the health and safety of family members, or b) eviction is in progress. Family does not have the means to resolve the crisis without outside assistance.

Shelter status (see above)	Intake Assessment Date: __/__/__	Assessment at the time of approval, denial, inc Date: __/__/__	6 mos after exit Date:	12 mos after exit Date:	At 6 months: Problems/no problems? Still in unit Moved Homeless Unknown (circle)	At 12 months: Problems/no problems? Still in unit Moved Homeless Unknown (circle)	
	Increased financial literacy @ HRC only		YES NO				
Paid rent monthly					YES NO	YES NO	
Still in rental unit					YES NO	YES NO	
Did household achieve and maintain goals?					YES NO	YES NO	
Were tenant ed materials provided? If so, were they helpful? @ HRC only					YES NO YES NO	YES NO YES NO	
Comments:							

1. Are you satisfied with the manner in which the interview/application process was conducted? YES NO
 If no, _____

2. Does the client have any recommendations to improve the service provided by this program? YES NO

Comments
