

# FHPAP All-Inclusive Assessment

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- Complete for head of household only. If there are additional household members 18 and older, complete separate Universal Assessments for each of them.
  - Please see the Appendix on the back of this page for definitions of terms used in this assessment. All terms with definitions are underlined.
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Client Name: \_\_\_\_\_ Service Point ID: \_\_\_\_\_

Assessment Date (program entry date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

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## Part I: Universal Assessment

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### 1. At the time of program entry, what was the extent of the client's homelessness (based on Minnesota's definition)?

- |   |   |
|---|---|
| <input type="radio"/> Not homeless  | <input type="radio"/> Multiple times homeless, but not meeting long-term homeless definition      |
| <input type="radio"/> First time homeless AND less than one year without home | <input type="radio"/> Long term: homeless at least 1 year OR at least 4 times in the past 3 years |
- 

### 2. Had the client left any of the places listed below in the 90 days before entering the program?

- No: continue to question 3       Yes: select the most recent place left:
- |   |  |
|---|--|
| <input type="radio"/> Adoptive Home (from foster care system)             | <input type="radio"/> <u>Half-way House</u>                                  |
| <input type="radio"/> County Jail or Workhouse Youth                      | <input type="radio"/> Juvenile Detention Center                              |
| <input type="radio"/> <u>Drug or Alcohol Treatment Facility</u>           | <input type="radio"/> Orphanage  |
| <input type="radio"/> <u>Mental Health Treatment Facility or Hospital</u> | <input type="radio"/> <u>Residence for People with Physical Disabilities</u> |
| <input type="radio"/> Combined MI/CD treatment facility                   | <input type="radio"/> Don't Know   |
| <input type="radio"/> <u>Foster Home</u>                                  | <input type="radio"/> State or Federal Prison                                |
| <input type="radio"/> <u>Group Home</u>                                   | <input type="radio"/> Refused  |
- 

### 3. Living situation last night (HUD): Where did the client stay the night before entering this program?

- |   |   |
|---|---|
| <input type="radio"/> Emergency shelter                                 | <input type="radio"/> House/apartment owned by client       |
| <input type="radio"/> Transitional housing for homeless                 | <input type="radio"/> Living with family                    |
| <input type="radio"/> Permanent housing for formerly homeless           | <input type="radio"/> Living with friends                   |
| <input type="radio"/> Psychiatric hospital or facility                  | <input type="radio"/> Hotel/motel without emergency shelter |
| <input type="radio"/> Substance abuse treatment center, including detox | <input type="radio"/> Foster care/ <u>group home</u>        |
| <input type="radio"/> Hospital  | <input type="radio"/> Place not meant for habitation        |
| <input type="radio"/> Jail, prison, or juvenile facility                | <input type="radio"/> Other                                 |
| <input type="radio"/> Don't Know  | <input type="radio"/> Refused                               |
| <input type="radio"/> House/apartment rented by client                  |   |
- 

### 4. Length of stay: How long had the client been staying at that place?

- |  |   |  |
|--|---|--|
| <input type="radio"/> 1 week or less                 | <input type="radio"/> 1 to 3 months                   | <input type="radio"/> 1 year or longer |
| <input type="radio"/> Over 1 week, less than 1 month | <input type="radio"/> Over 3 months, less than 1 year |  |

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**5. How long has it been since the client lived at a permanent address? (90+ days; not shelter or time-limited housing)**

*FHPAP Prevention clients: select "current residence" and continue to question 7.*

- |   |                                      |                                       |
|---|--------------------------------------|---------------------------------------|
| <input type="radio"/> Current Residence | <input type="radio"/> 3 to 6 months  | <input type="radio"/> 3 to 5 years    |
| <input type="radio"/> Less than 1 month | <input type="radio"/> 6 to 12 months | <input type="radio"/> 6 to 8 years    |
| <input type="radio"/> 1 to 3 months     | <input type="radio"/> 1 to 2 years   | <input type="radio"/> 9 years or more |

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**6. Please record the client's last permanent address:**

_____	_____	_____	_____
<i>State</i>	<i>County (MN only)</i>	<i>City (MN only)</i>	<i>Zip Code</i>

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**6a. Zip code data quality:**  Full 5-digit zip code recorded    Don't know    Refused

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*Please continue to the next page to complete the FHPAP All-Inclusive Assessment.*

**7. Please record the client's income in the grid below after reading these instructions:**

- Enter each adult client's income on his/her **own** record.
- Do **not** enter income from children's jobs. **Do** enter payments received on a child's behalf (such as disability payments) on the head of household's record.

Income at Entry			
Income Source (enter # from list below)	Last 30 day income (leave blank for noncash income)	Start Date	End date (record <b>only</b> if income source ends or changes)
		program entry date	
		program entry date	
		program entry date	
		program entry date	
Income Changes: update at exit			
Income Source (enter # from list below)	Last 30 day income (leave blank for noncash income)	Start Date	End date (record <b>only</b> if income source ends or changes)

**No Sources of Income:**

(1) No financial resources (no cash income source and no non-cash benefits) (H)

**Cash Income Sources:**

(2) Earned Income (H)

(3) Unemployment insurance (H)

(4) Supplemental Security Income (SSI) (H)

(5) Social Security Disability Income (SSDI) (H)

(6) A Veteran's disability payment (H)

(7) Private disability insurance (H)\*

(8) Worker's compensation (H)\*

(9) TANF (MFIP) (H)

(10) General Assistance (H)

(11) Retirement income from social security (H)

(12) Veteran's pension (H)

(13) Pension from a former job (H)\*

(14) Child support (H)\*

(15) Alimony or other spousal support (H)\*

(16) Contributions from other people\*

(17) Interest (bank), dividends, or annuities\*

(18) MSA/Minnesota Supplemental Aid\*

(19) Student grants/scholarship\*

(20) Tribal Funds\*

(21) Other income source\*: \_\_\_\_\_

**Non cash benefits:**

(22) Food Stamps (H)

(23) MEDICAID – Medical Assistance (H)

(24) Medicare (H)

(25) SCHIP – MN care for children (H)

(26) Special supplemental nutrition program-WIC (H)

(27) Veteran's Administration (VA) medical svcs. (H)

(28) TANF Child Care Services (H)

(29) TANF transportation services (H)

(30) Other TANF-Funded Services (H)

(31) Section 8, public housing or rental assistance (H)

(32) MN Care (for adults)\*

(33) GAMC – General Assistance Medical Care\*

(34) Other non cash benefits:  
\_\_\_\_\_

(H): Income source is approved for HUD funding.

(\*): Will be reported as "other" on the HUD Annual Progress Report.

**8. Please record the client's disabilities below (if the client has no disabilities, continue to question 9):**

Mark if Present			Mark if Present		
Long-term (Y/N)	Disability Type		Long-term (Y/N)	Disability Type	
<input type="radio"/>	___	Alcohol abuse (H)	<input type="radio"/>	___	Physical/medical (H)
<input type="radio"/>	___	Developmental disability/mental retardation (H)	<input type="radio"/>	___	Traumatic brain injury*
<input type="radio"/>	___	Drug abuse (H)	<input type="radio"/>	___	Physical/mobility limits (H)
<input type="radio"/>	___	HIV/AIDS (H)	<input type="radio"/>	___	Hearing impaired*
<input type="radio"/>	___	Mental illness (H)	<input type="radio"/>	___	Vision impaired*
			<input type="radio"/>	___	Other *

(\*) indicates disability type that will be reported as "other" on the current HUD Annual Progress Report.

**9. Does the client have a long-term disability? (answer only if client is 18 or older):**

- Yes       No       Don't know       Refused to answer

**10. Has the client ever served on active duty in the United States Armed Forces? (answer only if client is 18 or older):**

- Yes       No       Don't know       Refused to answer

**Part II: FHPAP Assessment**

**11. City client lives in while receiving FHPAP assistance:** \_\_\_\_\_

**12. County client lives in while receiving FHPAP assistance:** \_\_\_\_\_

**13. Is the FHPAP program in Hennepin or Ramsey County?**       Yes       No

If yes: What is the client's current FHPAP goal? (select one):

- Goal 1a: Prevention - stabilize in home
- Goal 1b: Prevention - re-house immediately
- Goal 2: Reduce length of homelessness
- Goal 3: Eliminate repeat episodes (if client entered homeless)

**Part III: Barriers to Housing Stability Assessment**

**IMPORTANT:**

- Complete one assessment per **household** and record all information on this form.
- Some information may be collected after program entry as you get to know the household and learn about their barriers over time. You may enter this information into HMIS at a later date, but remember that it should describe the household's situation at entry (**remember to backdate**).
- Avoid using the "Not Assessed" category. Funders expect complete data collection for all clients served. Only mark "Not Assessed" if you are unable to get certain information from clients.

**14. Do any household members have tenant screening barriers to getting housing?**

- Yes       No (skip to question 17)       Not assessed (skip to question 17)

**15. How many evictions or unlawful detainers have household members experienced?**

- Zero     
  1     
  2-3     
  4-9     
  10+     
  Not assessed
- 

**16. Please complete the grid below:**

<i>Have any household members experienced these tenant screening barriers?</i>	Yes	No	Not Assessed (use rarely)
Poor reference from current/prior landlords			
Lack of rental history			
Unpaid rent or utility bills			
Lack of or poor credit history			
One or more misdemeanors			
Critical felony (sex crime, arson, drugs)			
Other felony			

**17. Do any household members have income barriers to getting or keeping housing?**

- Yes     
  No     
  Not assessed
- 

**18. Does the household need temporary assistance to get or keep housing?**

- Yes     
  No     
  Not assessed
- 

**19. Is the household currently housed?**  Yes  No

*If yes:* What percent of income does the household spend on housing?

- 35% or less     
  36% to 50%     
  51% to 65%     
  66% to 80%     
  More than 80%     
  Not assessed

*If no:* How much money is the household able to spend per month on housing?

- Zero     
  \$1-\$100     
  \$101-\$151     
  \$151-\$200     
  \$201-\$250     
  \$251-\$300     
  \$301-\$350  
 \$351-400     
  \$401-\$450     
  \$450-\$500     
  \$501-\$550     
  \$551-\$600     
  \$601-\$700     
  \$701-\$800  
 \$801+     
  Not assessed
- 

**20. Please complete the grid below:**

<i>Have any household members experienced these income barriers?</i>	Yes	No	Not Assessed (use rarely)
Lacks steady, full time employment			
Lacks high school diploma or GED			
Job barrier: limited English proficiency			
Job barrier: lack of reliable transportation			
Job barrier: lack of reliable/affordable child care			

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## Definitions

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**Drug or Alcohol Treatment Facility:** Includes inpatient treatment and detox.

**Extent of Homelessness by Minnesota's Definition**

The State of Minnesota defines as homeless “any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation.” Doubling-up is considered homeless if that arrangement has persisted less than 1 year.

The State of Minnesota defines an individual, unaccompanied youth or family as “Long-Term Homeless” if they are without a home for a year or more OR have had at least four (4) episodes of homelessness in the past three (3) years. Any period of institutionalization or incarceration (including transitional housing, prison/jail, treatment, hospitals, foster care, or refugee camps) shall be excluded when determining the length of time the household has been homeless.

**Foster Home:** In question 2, this term applies to youth only.

**Group Home:** Includes mall facility for people with disabilities (cognitive or physical); may also be used for corrections clients. Includes adult foster care. Placement done through social services or corrections departments.

**Half-way House:** Includes placement for corrections clients after jail or prison OR for clients after chemical dependency treatment.

**Mental Health Treatment Facility or Hospital:** Includes regional treatment centers (state hospitals), Intensive Residential Treatment Services (IRTS), crisis residences, and psychiatric inpatient units at local hospitals.

**Permanent address:** A permanent address is an apartment, house, or room where the client last lived for 90 days or more. Shelters and time-limited housing are **not** permanent addresses.

**Residence for People with Physical Disabilities:** Includes nursing homes, long-term care facilities, and rehab hospitals.

**U.S. Military Veteran:** A veteran is someone who has served on active duty in the Armed Forces of the United States for 180 OR MORE days. This does not include inactive military reserves or the National Guard unless the person was called up to active duty