

# San Francisco HPRP Assessment Tool

Have you received HPRP assistance before?  Yes / From Where? \_\_\_\_\_  No

Client Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

# of Adults in Household \_\_\_\_\_

# of Children in Household \_\_\_\_\_

Social Security Number for Head of Household \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## INCOME SOURCES (for entire household)

Employment:

Monthly Check: \_\_\_\_\_

TANF \$ \_\_\_\_\_

CAAP \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

SSDI \$ \_\_\_\_\_

Veterans Benefit \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL Monthly \$ Gross** \_\_\_\_\_ (for entire household)

**TOTAL Monthly \$ Net** \_\_\_\_\_ (for entire household)

## NON-CASH INCOME (for entire household)

Food Stamps

Other

**Total Monthly \$** \_\_\_\_\_

**Current Rent Amount:** \_\_\_\_\_

**Income to rent ratio (%) = Rent DIVIDED BY (Food Stamps + Net Income) \_\_\_\_\_ %**

Net Income + Food Stamps Amount=

Rent Amount=

## \* Fill out the remainder of the assessment for the Head of Household Only\*:

### EMPLOYMENT

Currently Unemployed: for \_\_\_\_\_ months

Temporary; part-time or seasonal job; inadequate pay

Full time employment; and inadequate pay

Temporary; part-time or seasonal job: adequate pay

Employed full time with adequate pay and benefits

### CREDIT HISTORY:

No credit history

Outstanding judgments or bankruptcy/foreclosure

Owes credit debt; Amount \$ \_\_\_\_\_ : Sources money owed to: \_\_\_\_\_

Has a credit repair plan

Moderate credit rating

Good credit/manageable debt ratio

**HISTORY OF EVICTIONS**

- Currently in eviction proceedings
- Two or more evictions on their record
- One eviction on their record
- No evictions on their record

**EDUCATION:**

- Literacy problems and/or no high school diploma/GED and presents a serious barrier to employment
- Has high school diploma/ GED
- Needs additional education/training to improve employment situation
- Has completed educational training needed to become employable
- Has some college or college degree
- Currently a full-time student
- Currently a part-time student

**LEGAL**

- Current outstanding tickets or warrants or other serious unresolved legal issues
- Current charges/trial pending: noncompliance with probation/parole; legal issues impacting housing qualifications
- Criminal history
- On probation
- On parole
- No active legal issues in more than 12 months and/or no felony/significant legal/criminal history

**HEALTH:**

- Physical disability
- Physical disability that prevents ability to work
- Chronic health condition
- HIV/AIDS
- Currently has health insurance
- Currently does not have health insurance
- Decline to respond

**MENTAL HEALTH:**

- Experiencing severe difficulty in day-to-day life dues to mental health problems; need for in-patient mental health services
- Mild mental health symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems; outpatient mental health services may be required
- Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
- Symptoms are absent or rare; good or superior functioning; experience only everyday problems or concerns
- Decline to respond

Clinical diagnosis (if any): \_\_\_\_\_

Self reported diagnosis (if any): \_\_\_\_\_

**SUBSTANCE ABUSE**

- Meets criteria for severe abuse/dependency. Need for in-patient treatment and/or hospitalization but has not received those services
- Meets criteria for dependence; preoccupation with use and/or obtaining alcohol/drugs; withdrawal avoidance behaviors evident; inpatient or outpatient treatment needed
- Use within last 6 months: evidence of persistent or recurrent use, not necessarily dependence; physical; occupational; emotional problems caused due to substance use; outpatient support service may be needed
- Client has used in the last six months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use
- No drug/alcohol abuse in the last six months
- No history of use at all
- Decline to respond

Self reported drug of choice: \_\_\_\_\_

**FINANCIAL NEED:**

<b>Financial Assistance</b>	<b>Money Owed or Needed? Yes/No</b>	<b>Amount Owed/Needed</b>	<b>Comments</b>
<b>Back Rent</b>		\$	
<b>Utility Payment</b>		\$	
<b>Move-In Cost</b>		\$	
<b>Deposit (rent or utility)</b>		\$	
<b>One Month Rent</b>		\$	
<b>Up to 3 months rent</b>		\$	
<b>3+ months rent</b>		\$	
<b>Total</b>		\$	

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**How did you hear about HPRP prevention programs? (Referral?)**

**INTERVENTION:**

**Financial Assistance: Amount:** \_\_\_\_\_ **Type:** \_\_\_\_\_ (i.e.: rent; deposit, etc)

**Service Provided (ie: case management, housing location):**

\_\_\_\_\_

**Housing Services Plan (attach)** Yes No

**Today's Date:** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_