

Homelessness Prevention Assessment Tool (HPAT)

This tool was created from review of other homelessness prevention assessment tools, as well as feedback from program participants and service providers. One of the tools referenced when creating this assessment was the Prevention / Re-Housing Vulnerability Index - Service Prioritization Decision Assistance Tool (PR-VI-SPDAT) created by OrgCode Inc. and Community Solutions.

Assessment Administration -

Interviewer's Name: _____	Agency: _____	Assessment Date: MM/DD/YYYY -----
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Opening Script -

Every assessor using the HPAT should use the same introductory script. In that script you should highlight the following information:

- Your name and affiliation (organization where you work or volunteer, etc.)
- Why you are conducting the survey.
- The survey questions are very personal. The reason you ask them is that the answers help you understand the risk factors and challenges that the family is facing, and will help you determine if they are eligible for assistance.
- The questions only require a Yes/No or one word answer. No additional detail is needed.
- The participant can skip or refuse to answer any question. However, skipping multiple questions could impact the accuracy of the assessment.
- If the participant does not understand a question, clarification can be provided.
- Participants should do their best to answer all of the questions as honestly and accurately as possible.
- Tell the participant where the data will be stored (for example, HMIS or other database that you use).
- The participant should answer the questions for themselves and everyone in their household.

Head of Household Information -

H1	First Name: _____ _____	Last Name: _____ _____	
	Nickname: _____ _____	Date of Birth: MM/DD/YYYY __/__/____	Age: _____
	What is your preferred language? _____		

No other adults currently part of the household,

OR

Continue below with Family Head 2

H2	First Name: _____ _____	Last Name: _____ _____	
	Nickname: _____ _____	Date of Birth: MM/DD/YYYY __/__/____	Age: _____
	What is your preferred language? _____		

For completing head of household information, everyone scores 2.7 points

Household Composition -

I want to start by asking you about your household.

1. Has the number of people in your household changed in the last 6 months, due to things like an adoption or birth or death, someone moving in, someone moving out, someone going to jail or prison, someone going off to college, or anything like that?

If YES, then score 2.6 points

Current Financial Situation -

Now I'd like to better understand your financial situation.

2. Is there any person or company that thinks you or anyone in your household owes them money? For example, a landlord, utility company, loan provider, creditor, bookie, dealer, or government group like the IRS.

If YES, then score 2.8 points

3. Do you or anyone in your household owe any of your family or friends money that they have lent you in the last three years to help you stay housed (for current or past due rent, for utilities to prevent shut offs, or other household needs)?

If YES, then score 1.4 points

4. Do you have a poor credit history or no credit history?

If YES, then score 1.1 points

Current Health -

Now I will ask you questions about your health.

5. In the past six months, how many times have you or anyone in your household received care at an emergency room?

If YES, then score = $0.5 \times$ number of times

Times

The following question is long. Please let me know if after reading it to you the first time you would like me to read the question again.

6. Do you or anyone in your household have any developmental disability or chronic physical or mental health issues that can sometimes make it difficult to stay housed or to work?
7. Do you or anyone in your household have any chronic health issues for which you are not accessing appropriate care? You do not need an official medical diagnosis.

If YES to any of the above, then score 2.0 points

Housing History and Other Factors -

Now let's examine some of the other life areas that might affect your housing stability.

8. Have you or anyone in your household experienced violence or threats of violence in the last twelve months that make you feel unsafe in your home or the area where you live?

If YES, then score 2.5 points

9. In the last three years, what is the total number of times you have been homeless? For example, sleeping on the street, in a car, a garage, a mobile unit/RV, or in a shelter or safe haven, or temporarily staying with friends or family.

If YES, then score = $0.9 \times$ number of times

Times

10. Do you or anyone in your household have any legal issues going on right now that make it difficult to maintain your housing? For example, having to pay fines that make it difficult to pay rent, legal issues that could result in going to jail or prison, or legal restrictions on where you can live.

If YES, then score 2.4 points

Additional Local Questions -

Please complete the following additional questions. These questions are not part of the HPAT assessment, but are required to be answered for every household. These questions do not provide any additional points. They are used to help us better understand the circumstances and experiences of people at risk of homelessness in Santa Clara County.

1. In your lifetime, what is the total length of time that you have been homeless?
2. Which city do you currently live in?
3. If you are employed, in which city is your workplace?
4. If you or your children go to school, in which city is the school?
5. In which city do you spend most of your time?
6. Have you ever been in foster care? Yes No Don't Know Refused
7. Have you ever been in jail? Yes No Don't Know Refused
8. Have you ever been in prison? Yes No Don't Know Refused
9. Do you have a permanent physical disability that limits your mobility? (e.g., amputation, unable to climb stairs, use a wheelchair?) Yes No Don't Know
 Refused
10. If you have health insurance, what type of health insurance do you have?
 Medicaid Private Insurance Medicare
 VA Medical Other No Health Insurance

**On a regular day, where is it easiest to find you and what time of day is easiest to do so?
(Please include address and phone number if possible.)**

Is there someone that you trust and communicate with regularly that we can contact when we look for you? (Please include name and phone number if possible.)

Score Calculations

Total

HoH

1. Q1
2. Q2
3. Q3
4. Q4
5. Q5
6. Q6&Q7
7. Q8
8. Q9
9. Q10