

Barriers to Housing Stability Assessment

Client Name: _____	Assessment Date: ____/____/____ BE SURE to backdate the Barriers Assessment to the client's Program Entry Date.
--------------------	---

FOR HOUSEHOLD HEADS, SINGLES, AND UNACCOMPANIED YOUTH (Complete in Head's file for all household members)

1. TENANT SCREENING BARRIERS TO GETTING HOUSING

TENANT SCREENING BARRIERS *(Check one)*
 Barriers *(complete below)* No Barriers *(skip to next section)*

1A. RENTAL HISTORY

Number of evictions or unlawful detainers *(Check one)*
 0 evictions 1 eviction 2-3 evictions 4-9 evictions 10 or more evictions Not assessed

Poor reference from current/prior landlords Yes No Not assessed

Lack of rental history Yes No Not assessed

1B. CREDIT HISTORY

Unpaid rent or utility bills Yes No Not assessed

Lack of credit history Yes No Not assessed

1C. CRIMINAL HISTORY

One or more misdemeanors Yes No Not assessed

Critical felony (sex crime, arson, drugs) Yes No Not assessed

Other felony Yes No Not assessed

1D. ABILITY TO GET HOUSING IN YOUR COMMUNITY

Impact of client's tenant barriers on housing *(Check one)*
 No Effect Minimal Effect Moderate Effect Major Effect Not assessed

2. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING

PERSONAL BARRIERS *(Check one)* Barriers *(complete below)* No Barriers *(skip to next section)*

2A. CHEMICAL HEALTH **GAF Score:** _____

Chemical use has resulted in housing loss Yes No Not assessed

Chemical use currently affects housing Yes No Not assessed

2B. MENTAL HEALTH **GAF Score:** _____

Mental health has resulted in housing loss Yes No Not assessed

Mental health currently affects housing Yes No Not assessed

2C. DOMESTIC VIOLENCE/ABUSE

Domestic violence/abuse resulted in housing loss Yes No Not assessed

Domestic violence/abuse currently affects housing Yes No Not assessed

2D. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY

Impact of client's personal barriers on housing *(Check one)*
 No Effect Minimal Effect Moderate Effect Major Effect Not assessed

3. INCOME BARRIERS TO GETTING OR KEEPING HOUSING

INCOME BARRIERS (Check one)

- Barriers (complete below) No Barriers (skip to next section)

3A. INCOME

Needs temporary assistance to get or keep housing Yes No Not assessed

If housed: percent of income spent on housing (Check one)

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

If not housed: amount able to spend on housing (Check one)

- 0 1-100 101-151 151-200 201-250 251-300 301-350
 351-400 401-500 501-600 601-700 701-800 801 or more Not Assessed

3B. OTHER INCOME - RELATED

- Physical or cognitive difficulties that limit employment Yes No Not assessed **GAF Score:** _____
- Lacks steady, full time employment Yes No Not assessed Has other income
- Lacks high school diploma or GED Yes No Not assessed
- Job barrier: limited English proficiency Yes No Not assessed
- Job barrier: lack of reliable transportation Yes No Not assessed
- Job barrier: lack of reliable/affordable child care Yes No Not assessed

3C. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY

Impact of client's income barriers on housing (Check one)

- No Effect Minimal Effect Moderate Effect Major Effect Not assessed

BARRIER SUMMARY – HOUSING PLACEMENT DETERMINATION LEVEL

OVERALL BARRIER-level

- Level 1: Zero to minimal barriers
- Level 2: Moderate barriers
- Level 3: Serious barriers
- Level 4: Long-term barriers
- Level 5: Severe barriers

INSTRUCTIONS

At the time of referral to the most appropriate housing program, a copy of this assessment should be included in the Referral Packet.