

Unified Supportive Housing System (USHS) Vulnerability Assessment
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Consent for Interview

I am here to discuss your housing, health and service needs. With your permission, I will ask you some questions that will give me an idea of the best way to serve you. It should only take about 10 minutes of your time. Only authorized agencies will be able to assess and review your information and this will be for the sole purpose of securing a stable, decent and safe housing option. If at any time, you feel uncomfortable or upset during the course of the interview, you may ask me to take a break, stop or to skip a question. All of your personal and identifying information will be kept secure and individuals who utilize it will not share your information. Do you have any questions at this time?

PLEASE SIGN BELOW YOUR INFORMED CONSENT TO BE INTERVIEWED AND SCREENED FOR A PERMANENT SUPPORTIVE HOUSING OPTION

Your signature (or mark) below indicates that you have read (or been read) the information provided above and have gotten answers to your questions.

Signature or Mark of Prospective Applicant

Date

Printed name of Prospective Applicant

Interviewer's Printed Name

Date

Location

Time

**Unified Supportive Housing System (USHS)
Vulnerability Assessment**

1. In what language do you feel best able to express yourself?

English Spanish Mandarin French Other _____

2. First Name

3. Last Name

4. Nickname

5. Date of Birth

6. How old are you?

7. Last Four Numbers of Your SSN:

8. In the past three years, how many times have you been homeless and then housed again?

0 1 2 3+

Refused

9. In the past year, how many times have you been hospitalized as an in-patient?

0 1 2 3+

Refused

10. How many times have you been in jail or prison?

0 1 2 3+

Refused

11. Where do you sleep most frequently?

Shelters
 Outside (Camp/Streets)
 Car/Van/RV
 Jail/Prison
 Treatment Facility/Hospital

Abandoned Home
 With Friends or Family
 Transitional Housing
 Your own home or apartment
 Residential Care Facility
 Other

Physical Health

12. Where do you usually go for healthcare or when you're not feeling well?

Private Physician/Clinic
 Mt Carmel
 Healthcare for the Homeless
 Columbus Health Center Clinic

OSU Hospitals
 Southeast
 North Central
 Grant Hospital/Ohio Health

VA
 Free Clinic
 Other ER/Hospital
 Does not go for care
 Other (specify)

Do you have any of the following medical conditions?	
13. Kidney disease/ End Stage Renal Disease or Dialysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
14. History of Frostbite, Hypothermia, or Immersion Foot	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
15. Liver Disease, Cirrhosis, Hepatitis C or End-Stage Liver Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
16. HIV+/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
17. Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Refused
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	
18. History of Heat Stroke/Exhaustion	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
19. Heart Disease, Arrhythmia, Stroke, High Blood Pressure or Irregular Heartbeat	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
20. Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
21. Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
22. Emphysema, Chronic Bronchitis, COPD, Asthma, or Tuberculosis.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
23. Is Medical Condition Under Treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
OBSERVATION ONLY 24. Interviewer, do you observe signs or symptoms of serious health conditions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Substance Abuse	
25. Have you ever had problematic drug or alcohol use, abused drugs or alcohol or been told that you do?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
26. Have you consumed alcohol almost every day for the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
27. Have you ever used injection drugs or shots?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

<p>28. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>OBSERVATION ONLY 29. Interviewer, do you observe signs or symptoms of problematic alcohol or drug abuse? (Deterioration in functioning, cognitive damage, lack of self-care or active use.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	
<p>30. Have you been ever told that you were diagnosed with a mental health issue?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>31. Are you currently or have you ever received treatment for mental health reasons?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>32. Have you had a serious brain injury or head trauma that required hospitalization or surgery?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>33. Have you been ever told that you were diagnosed with a learning or developmental disability?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>OBSERVATION ONLY 34. Interviewer, do you observe signs of confusion, evidence of developmental disability, dementia, or memory impairment? (Self-talk, distracted, paranoia, fear, phobic, depressed or manic)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Significant Challenges and Functional or Social Impairments	
<p>35. As a minor were you ever in foster care or abused or neglected by caregivers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>36. Have you ever left home because of domestic violence?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>OBSERVATION ONLY 37. Interviewer, do you observe signs of problematic social behavior? (Responds in angry, profane, obscene or menacing verbal ways, intimidating, impaired ability to deal with stress, no apparent social network, difficulty engaging positively with others)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

37. Do you have a permanent physical disability that limits your mobility? (i.e., wheelchair, amputation, unable to climb stairs)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
38. Have you been the victim of a violent attack since you've become homeless?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
39. Do you have any friends, family, or other people in your life you can count on?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
OBSERVATION ONLY 40. Interviewer, do you observe signs of Prospective Applicant not being able to meet basic needs? (Poor hygiene/ clothing, unable to access food on own or no insight on needs)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Do you have enough money to meet all of your expenses on a monthly basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
42. How do you make money?	<input type="checkbox"/> Work (earned income) <input type="checkbox"/> Work (under the table) <input type="checkbox"/> Plasma Center <input type="checkbox"/> Pension/Retirement	<input type="checkbox"/> SSI <input type="checkbox"/> VA <input type="checkbox"/> SSDI/SSA <input type="checkbox"/> Unemployment Check <input type="checkbox"/> General Assistance	<input type="checkbox"/> No Income <input type="checkbox"/> Panhandling <input type="checkbox"/> Sex Work/Trade <input type="checkbox"/> Drug Trade <input type="checkbox"/> Recycling/ Scrapping

Office Use Only

Vulnerability
Assessment
Score

Authorized Signature

Date

Printed Name/Provider Agency Name/Title