Matching for Appropriate Placement - Supplemental Questions

Interview Date ____/____/____

Interviewer Name _____

Individual Name or ID_____

HMIS ID (if applicable)_____

Interviewer Agency_____

I am going to ask you some questions about your health, well-being and housing history. We are interested in hearing from you. This information will help us find out which services are best for you. Many of the questions are very personal. If you do not want to answer a question, you don't have to.

Housing Navigation and Placement Questions						
1. If you could choose, where would you like to live:	Outside (including street, car, camper/RV or park) ☒	Emergency shelter ☒	Temp or transitional shelter ☒	Supervised group home ☒	Shared apartment or home ☒	Single occupancy apartment ☒
2. Would you be interested in housing made available to people living with HIV/AIDS?	☒ Yes	☒ No				
3. Does your household have any pets?	☒ Yes	☒ No	Type and # of pets:_____			
4. Does your household have a car?	☒ Yes	☒ No				
5. Regarding smoking, are you interested in housing that....	☒ Allows smoking indoors	☒ Allows smoking indoors or on the grounds	☒ Any smoking policy	☒ I prefer a smoke-free residence		
6. Some housing options do not prevent residents from using drugs or alcohol while others do, would you prefer:	☒ No policies against alcohol or drug use	☒ Dry Housing (no drinking or drug use)	☒ Dry housing intended for former substance users			
Notes:						

Matching for Appropriate Placement Assessment Tool
Supplemental Questions

Supplemental Questions

We are interested in finding out about your drug and alcohol history. Your responses will not impact your eligibility for services.

In the last 30 days:					
1. Have you drank alcohol?	☒ Never	☒ Once every couple weeks	☒ Once a week	☒ A couple times a week	☒ Everyday
2. Have you use illegal drugs?	☒ Never	☒ Once every couple weeks	☒ Once a week	☒ A couple times a week	☒ Everyday
2b. If using illegal drugs, please list drugs used in the last 30 days:					

What were the primary reasons that caused you to experience homelessness (last occurrence if multiple)?

☒ Alcohol or drug use	☒ Family or domestic violence	☒ Loss of public housing or section 8 voucher
☒ Left a substance abuse treatment program and had nowhere to go	☒ Divorce	☒ Loss due to foreclosure
☒ Lost job	☒ Death in the family or loved one	☒ Evicted from a foreclosed rental property
☒ Unable to pay rent or mortgage	☒ Illness or medical problem	☒ Loss of housing due to non-economic reasons (house fire, lease violation, etc.)
☒ Loss of money or lack of funds	☒ Mental illness	☒ Relocation or transition from another state
☒ SSI or SSD cut off or benefits canceled	☒ Released from a hospital with nowhere to go	☒ Released from jail or prison and had nowhere to go
☒ Argument with family or friends	☒ Disabled	
☒ Other reasons:_____		

© Pathways Community Network Institute 2024

Matching for Appropriate Placement Assessment Tool
Supplemental Questions

We are interested in learning about the support you receive from other people.

People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it? Please circle the number that best corresponds to your experiences.	None of the time	A Little of the time	Some of the time	Most of the time	All of the time
1. Someone to help you if you were confined to bed.	1	2	3	4	5
2. Someone to take you to the doctor if you need it.	1	2	3	4	5
3. Someone to prepare your meals if you are unable to do it yourself.	1	2	3	4	5
4. Someone to help with daily chores if you were sick.	1	2	3	4	5
5. Someone to have a good time with.	1	2	3	4	5
6. Someone to turn to for suggestions about how to deal with a personal problem.	1	2	3	4	5
7. Someone who understands your problems.	1	2	3	4	5
8. Someone to love and make you feel wanted.	1	2	3	4	5

I would also like to ask you about other support available to you. In the last 30 days, how often have you participated in the following activities?

1. Visited a community of faith or spirituality (e.g., church, temple, meditation group, etc.)?	_____ Number of Days
2. Been active with a community activity group (e.g., sports, art, music, writing, etc.)?	_____ Number of Days
3. Conducted recreation activities on your own (e.g., sports, art, music, writing, etc.)?	_____ Number of Days
4. Participated in support groups (e.g., AA, parenting, mental health, etc.)?	_____ Number of Days

© Pathways Community Network Institute 2024

Matching for Appropriate Placement Assessment Tool
Supplemental Questions

Please check which of the following services have you used in the last 30 days and which services you feel you need.

Services	I USED this service	I currently NEED this service	I am not interested in this service
Soup kitchen or food pantry	☒	☒	☒
Clothes closet	☒	☒	☒
ID assistance	☒	☒	☒
Job readiness, job search, or employment assistance	☒	☒	☒
Transportation assistance	☒	☒	☒
Day center with telephones, mailrooms, or restrooms	☒	☒	☒
Case management	☒	☒	☒
Legal services	☒	☒	☒
Disability services, including SSI and SSDI	☒	☒	☒
Medical services	☒	☒	☒
Mental health services	☒	☒	☒
Permanent housing	☒	☒	☒
Transitional housing	☒	☒	☒
Emergency shelter/ temp housing	☒	☒	☒
Substance abuse treatment	☒	☒	☒
Childcare services	☒	☒	☒

© Pathways Community Network Institute 2024

Matching for Appropriate Placement Assessment Tool

Supplemental Questions

Please list any other services you used or still need.

Used:

Need:

© Pathways Community Network Institute 2024