

Matching for Appropriate Placement - Supplemental Questions

Interview Date ____/____/____

Individual Name or ID _____

Interviewer Name _____

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) <input checked="" type="checkbox"/>	Emergency shelter <input checked="" type="checkbox"/>	Temp or transitional shelter <input checked="" type="checkbox"/>	Supervised group home <input checked="" type="checkbox"/>	Shared apartment or home <input checked="" type="checkbox"/>	Single occupancy apartment <input checked="" type="checkbox"/>
2. Would you be interested in housing made available to people living with HIV/AIDS?				<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
3. Does your household have any pets?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Type and # of pets: _____			
4. Does your household have a car?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
5. Regarding smoking, are you interested in housing that...	<input checked="" type="checkbox"/> Allows smoking indoors	<input checked="" type="checkbox"/> Allows smoking indoors or on the grounds	<input checked="" type="checkbox"/> Any smoking policy	<input checked="" type="checkbox"/> 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:	<input checked="" type="checkbox"/> No policies against alcohol or drug use		<input checked="" type="checkbox"/> Dry Housing (no drinking or drug use)	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Once every couple weeks	<input checked="" type="checkbox"/> Once a week	<input checked="" type="checkbox"/> A couple times a week	<input checked="" type="checkbox"/> Everyday
2. Have you use illegal drugs?	<input checked="" type="checkbox"/> Never	<input checked="" type="checkbox"/> Once every couple weeks	<input checked="" type="checkbox"/> Once a week	<input checked="" type="checkbox"/> A couple times a week	<input checked="" type="checkbox"/> 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)?

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

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

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Clothes closet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
ID assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Job readiness, job search, or employment assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transportation assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Day center with telephones, mailrooms, or restrooms	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Case management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disability services, including SSI and SSDI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Medical services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Permanent housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Transitional housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency shelter/ temp housing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Substance abuse treatment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Matching for Appropriate Placement Assessment Tool
Supplemental Questions

Please list any other services you used or still need.

Used:

Need: