

ALTSA Housing Needs Assessment Form

Name:

DOB:

Documentation	Yes	No	Comments
Do you have current government issued photo ID?	<input type="checkbox"/>	<input type="checkbox"/>	If no, is the discharge social worker assisting in obtaining one?
Expired photo ID?	<input type="checkbox"/>	<input type="checkbox"/>	If no, to obtain identification at DOL, you must take at least five documents that have your photo, signature, address and/or date of birth. One document must have your name and date of birth. More Information
Do you have current immigration status documentation	<input type="checkbox"/>	<input type="checkbox"/>	More Information
Social Security card?	<input type="checkbox"/>	<input type="checkbox"/>	
Enrolled in "My Social Security"?	<input type="checkbox"/>	<input type="checkbox"/>	If no, enrolling in the online program will enable you to request a new card or Benefits letter without appearing in person. Current photo ID required. More Information
Do you have or need to obtain Birth Certificate?	<input type="checkbox"/>	<input type="checkbox"/>	If you were born in Washington State, request through the Regional Health District. If out of state, costs and wait times will vary. More Information
Are you a veteran?	<input type="checkbox"/>	<input type="checkbox"/>	There are housing opportunities and vouchers specifically for veterans. However, you will need a copy of your DD-214 form showing your service records. More Information
Notes on documentation (In this section collect an additional feedback from your conversation with the client and/or from collateral contacts):			

Barriers	Yes	No	Comments
Have you ever been evicted?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes from your conversation about evictions:			
Have you been asked to leave a property where your name was on the lease?	<input type="checkbox"/>	<input type="checkbox"/>	
Notes from your conversation about being asked to leave a property where lease was in your name:			
Have you ever been convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>	Convictions of manufacturing/producing of methamphetamine or requiring lifetime registration as a sex offender are automatic denials with federally funded housing programs.
Notes on criminal background:			
Notes from Collateral contacts about criminal background:			

Do you have a pet?	<input type="checkbox"/>	<input type="checkbox"/>	Many properties require a pet deposit, however this does not apply to service animals. Most landlords require documentation from a physician proving it's a service animal. More Information
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Notes about Pets:

Is it a service animal? Do you have documentation for your service animal?	<input type="checkbox"/>	<input type="checkbox"/>	
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Notes about service animal and documentation:

Do you smoke cigarettes or vape nicotine products?	<input type="checkbox"/>	<input type="checkbox"/>	Be sure to check what the property rules are on smoking. Almost all units prohibit smoking inside, and many require 25 feet from the building.
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Do you use medical marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	While legal in Washington State, Federally funded housing programs prohibit the use of marijuana on their properties.
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Notes about medical marijuana:

Currently has a Less Restrictive or Conditional Release?	<input type="checkbox"/>	<input type="checkbox"/>	Court order stating that a patient can be released from a mental health facility under certain conditions.
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Notes about LRA or CR (when does LRA/CR expire, who monitors LRA/CR, contact information for LRA/CR monitor):

On DOC supervision or probation through local law enforcement?	<input type="checkbox"/>	<input type="checkbox"/>	Do you have to report to the Department of Corrections on a regular basis as conditions from your release from prison/jail?
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Name and phone number of Community Correction Officer:

Do you have any debts owed to previous landlords?	<input type="checkbox"/>	<input type="checkbox"/>	This can lead to denials at properties you apply for in the future. Entering into a payment plan, even for a minimal amount, can show good faith towards payment of debt.
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Are you making Payments	<input type="checkbox"/>	<input type="checkbox"/>	
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Notes about payment plan:

Is your debt in collections?	<input type="checkbox"/>	<input type="checkbox"/>	
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Notes about debt in collections:

Notes on Barriers (In this section collect any additional feedback from your conversation with the client and/or from collateral contacts):

Do you have any other large debts?	
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Notes about other large debts:

Are you making payments?	
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Notes about repayment plan.

Are they in collections?	
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Notes about collections:

Income/Finances	Yes	No	Comments
Income? Source(s)?	<input type="checkbox"/>	<input type="checkbox"/>	Monthly amount: Source(s):

			Note: you can request this information from the HCS/AAA Case Manager or HCS Public Benefits Specialist if you are not sure.
Recent Income verification? (Benefits statement, pay stubs, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Housing applications require recent income verification documents. Many voucher applications require that they be dated within 30 days of submission. "allows for instant printing of SS Benefits letters. Note: DSHS does not typically have a copy of a SSA award letter- you will need to request directly from SSA
Checking/Savings Account statements?	<input type="checkbox"/>	<input type="checkbox"/>	Does the participant have access or know how to access bank account?
What type of assistance or supports do you need around monthly finances?	<input type="checkbox"/>	<input type="checkbox"/>	You could work on budgeting with your CCG/SHP, take a Responsible Renters course, set up auto pay through checking to pay bills, etc. There are many more local community resources available.
Do you currently have or considered having a representative payee?	<input type="checkbox"/>	<input type="checkbox"/>	There is a process available through the Social Security Administration, available here: https://www.ssa.gov/payee/faqrep.htm
Payee name and contact:			
Notes on Income/Finances (In this section collect any additional feedback from your conversation with the client and/or from collateral contacts):			

Housing Needs	Yes	No	Comments
What kind of housing do you want:			
Is there someone in your life who would be willing to be a co-signer?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have furniture or other household items?	<input type="checkbox"/>	<input type="checkbox"/>	
Co-signer name contact:			
If you have furniture/household items where are they located? If you do not have furniture/household items, what will you need?			
Do you have money or family/friend to assist with purchase of furniture?	<input type="checkbox"/>	<input type="checkbox"/>	ALTSA has funds to assist with move in costs and purchasing transitional items. ALTSA is payer of last resort and you will need you use the resources available to

			you prior to requesting assistance through AL TSA.
How much assistance can be provided and by whom?			
Do you have a phone?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you feel comfortable using a cell phone?	<input type="checkbox"/>	<input type="checkbox"/>	
If you do not have a cell phone would you prefer a cell phone or land line?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use a cane? Walker? Wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Will you need any specialized or durable medical equipment for your unit? For example: grab bars, personal emergency response system, blood glucose monitor, blood glucose strips, hospital bed, canes, commode chairs, wheelchairs, walkers	<input type="checkbox"/>	<input type="checkbox"/>	Discuss this with the case manager, as medical equipment may be ordered/paid for on your behalf.
Notes on durable medical equipment:			
Do you need a Fair Housing Act (FHA) accessible unit? (see link)	<input type="checkbox"/>	<input type="checkbox"/>	Be sure an FHA accessible unit is necessary, as they can be hard to find. More Information
Can you manage stairs independently?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you intend to have anyone living with you? e.g. children or a caregiver	<input type="checkbox"/>	<input type="checkbox"/>	Be aware that housing authorities enforce the “two heartbeats per room” rule. This means you have to have at least 2 people in every bedroom regardless of age or gender. More Information
Do you use public transportation? Are you using specialized medical transportation?	<input type="checkbox"/>	<input type="checkbox"/>	Check with the case manager regarding local medical transportation. More Information
Does your unit need to be near things like a doctor’s office, bus route, church or other accommodations?	<input type="checkbox"/>	<input type="checkbox"/>	If so, it may be important to focus your housing search on areas near those important locations.
Notes on area to focus housing search:			
Do you have a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	Do you need a parking space? Disabled parking space? Some properties charge extra for parking spaces in addition to monthly rent.
Notes about vehicle, Do you need a parking space? Disabled parking space? Some properties charge extra for parking spaces in addition to monthly rent:			
Notes on Housing Needs (In this section collect any additional feedback from your conversation with the client and/or from collateral contacts):			

Collateral Contact	Name	Phone	Email
HCS/AAA Case Manager			
MCO Liaison			
Peer Bridger			
Mental Health Provider			

Psychiatric Medication Provider			
Primary Care Physician			
Family/Friend			
Family/Friend			
Family/Friend			
Family/Friend			
Family/Friend			
Additional Support			
Additional Support			
Additional Support			
Additional Support			

Notes: