



## GOING HOME PLUS HOUSING TRANSITION WORKSHEET

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Contact Information: \_\_\_\_\_

### Section A: Demographics

Participants Name		Birthdate	SSN	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> _____
Contact Information	Ethnicity	Citizenship	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
<b>Income</b>				
Anticipated Total Monthly Income	Anticipated Amount Available for Rent	Is participant eligible for or receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Household Composition</b>				
Number of additional household members	Does participant require a live in caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does participant want a roommate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe		
<b>Homeless Status</b>				
<input type="checkbox"/> Not homeless <input type="checkbox"/> Homeless for less than 1 continuous year <input type="checkbox"/> Multiple times homeless but not long term homeless <input type="checkbox"/> Long term homeless: homeless for 1 continuous year or more or 4 times homeless in last 3 years				
<b>Veteran Status</b>				
Has participant ever served on active duty in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Housing Barriers</b>				
<b>Rental History</b>				
<input type="checkbox"/> Poor rental history <input type="checkbox"/> Rental history with no issues <input type="checkbox"/> No rental history				
<b>Credit History</b>				
<input type="checkbox"/> Poor credit history <input type="checkbox"/> Credit history with no issues <input type="checkbox"/> No credit history				
<b>Criminal History</b>				
<input type="checkbox"/> Has criminal history <input type="checkbox"/> Criminal history with no issues <input type="checkbox"/> No criminal history				
<b>Eviction History</b>				
<input type="checkbox"/> Has Eviction history <input type="checkbox"/> Eviction history with no issues <input type="checkbox"/> No eviction history				
<b>Housing Applications</b>				
Has participant applied for a Housing Choice Voucher (Section 8)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Has participant applied for Public Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				
List any other housing that participant has applied for?				

### Section B: Preferences

<b>Living Arrangements</b>
<input type="checkbox"/> Group home (i.e. foster home)
<input type="checkbox"/> Independent rental
<input type="checkbox"/> Living with family/friends
How many bedrooms does the participant want? <input type="checkbox"/> Studio <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedroom <input type="checkbox"/> 3 bedroom <input type="checkbox"/> 4 bedroom



<input type="checkbox"/> Oahu	<input type="checkbox"/> Honolulu	<input type="checkbox"/> Windward	<input type="checkbox"/> Central	<input type="checkbox"/> Leeward
<input type="checkbox"/> Hawaii	<input type="checkbox"/> East	<input type="checkbox"/> West	<input type="checkbox"/> North	
<input type="checkbox"/> Kauai				
<input type="checkbox"/> Maui	<input type="checkbox"/> Kahului	<input type="checkbox"/> Kihei	<input type="checkbox"/> Lahaina	

What specific areas does the person want to live? \_\_\_\_\_

**Accessibility Needs**

<input type="checkbox"/> No stairs/ground floor	<input type="checkbox"/> Doorways at least 32 inches wide	<input type="checkbox"/> Front knob on appliances
<input type="checkbox"/> Roll in shower	<input type="checkbox"/> Grab bars in bath	<input type="checkbox"/> Lever door handles
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> No physical accessibility needs

**Other Preferences**

Air conditioning <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Parking available <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None
Community area <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Pet friendly <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None
Exercise room <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Public Transportation <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None
Laundry on-site <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None	Smoking allowed <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> None
Other (please specify) _____	

**Transportation**

Participant has handi-van or para-transit services <input type="checkbox"/> Yes <input type="checkbox"/> No
Participant has other transportation options <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____

**Section C: Housing Readiness**

**Housing Documents**

Participant has access to the following housing documents

Government issued picture identification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Social security card	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of income letter from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current bank statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other income and asset information	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable

When will participant be ready for housing?

<input type="checkbox"/> Immediately	<input type="checkbox"/> Within 3 months	<input type="checkbox"/> Within 6 months
<input type="checkbox"/> Within a year	<input type="checkbox"/> A year or more	
<input type="checkbox"/> Other (please specify) _____		

**Goals**

What are the participant's housing goals or vision?

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What are the participant's challenges?

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Comments:

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