

CIS Assessment (Initial/Re-enrollment)

Part I: Agency Information

CIS Agency:	CIS Provider ID:	Interviewer Name & ID (If applicable):
Date Assessment Initiated:	Date Assessment Completed:	

Part II: Member Information

Member First Name:	Member Last Name:	Middle Initial:	Medicaid ID#:	Birthdate: Age (Years):
HMIS ID# <input type="checkbox"/> Unknown <input type="checkbox"/> Not in HMIS	Medicaid Redetermination Date:	Other Relevant IDs (VA, etc.) (specify):		Other ID Number(s):
Current Residential Address/Location				
Street or Location:		City:		Zip Code:
Mailing Address (if different from current address)				
Street:		City and State:		Zip Code:
Contact Information	Phone Number	Can receive texts?	Email Address:	Any friends or family who can help reach you? Yes <input type="checkbox"/> No <input type="checkbox"/> If <u>yes</u> , please specify:
	1.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact Name:
	2.	Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact Ph Number:
				Relationship to Member:

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Income		
Anticipated Total Monthly Income \$	Anticipated Amount Available for Rent \$	Is participant eligible for or receiving SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Member receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Legal Guardian/Power of Attorney/Rep Payee to assist in decision making? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , person's name and contact information:	
Household Composition		
Number of additional household members: Adults _____ Children (under 18) _____	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
Homeless Status		
<input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Homeless for less than 1 continuous year <input type="checkbox"/> Multiple times homeless but not chronically* homeless <input type="checkbox"/> Chronically homeless <i>*Chronically homeless: homeless for 1 continuous year or more or 4 times homeless in last 3 years (that add up to 1 year)</i>		
Transportation		
Participant has a car <input type="checkbox"/> Yes <input type="checkbox"/> No		
Participant has TheHandi-Van, Paratransit Services, or TheBus pass <input type="checkbox"/> Yes <input type="checkbox"/> No		
Participant has other transportation options <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , please specify:		
Veteran Status		
Has participant ever served on active duty in US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Housing Barriers		
Rental History <input type="checkbox"/> Poor rental history <input type="checkbox"/> Rental history with no issues <input type="checkbox"/> No rental history		
Credit History <input type="checkbox"/> Poor credit history <input type="checkbox"/> Credit history with no issues <input type="checkbox"/> No credit history		
Criminal History <input type="checkbox"/> Has criminal history <input type="checkbox"/> Criminal history with no issues <input type="checkbox"/> No criminal history		
Eviction History <input type="checkbox"/> Has Eviction history <input type="checkbox"/> Eviction history with no issues <input type="checkbox"/> No eviction history		
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:		

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What were the primary reasons that caused you to experience homelessness (last occurrence if multiple) or have placed you at risk of homelessness?					
<i>Mental Health or Substance Use Disorder</i>		<i>Physical Health Condition or Disability</i>		<i>Stress and Violence</i>	
<input type="checkbox"/>	Alcohol or drug use	<input type="checkbox"/>	Illness or medical problem	<input type="checkbox"/>	Divorce/separation
<input type="checkbox"/>	Left a substance abuse treatment program and had nowhere to go	<input type="checkbox"/>	Released from a hospital with nowhere to go	<input type="checkbox"/>	Death in the family or death of a loved one
<input type="checkbox"/>	Mental illness	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Family or domestic violence
<input type="checkbox"/>	Other reasons exacerbated by mental health disorders or substance abuse	<input type="checkbox"/>	Other reasons exacerbated by physical health conditions or disabilities	<input type="checkbox"/>	Argument with family or friends
		<input type="checkbox"/>	COVID-19 related	<input type="checkbox"/>	Loss of housing due to non-economic reasons (house fire, lease violation, etc.)
				<input type="checkbox"/>	Relocation or transition from another state
				<input type="checkbox"/>	Unable to pay rent
				<input type="checkbox"/>	Unable to pay mortgage
				<input type="checkbox"/>	Lost job
				<input type="checkbox"/>	SSI or SSD cut off or benefits canceled
Other reasons:					

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Part III: Preferences

Living Arrangements	
<input type="checkbox"/> Supervised Group Home <input type="checkbox"/> Shared Apartment or Home <input type="checkbox"/> Single Occupancy Apartment <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 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms	
<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 <input type="checkbox"/> Molokai <input type="checkbox"/> Lanai	
What specific areas does the person want to live? _____	
Does household have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If <u>yes</u> , type and # of pets: _____	
Accessibility Needs	
<input type="checkbox"/> No physical 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): _____	
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) _____	

Part IV: 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): _____