Department of Human Services
Med-QUEST Division

Community Integration Services Plus (CIS+) Assessment Form

(Appendix D)

Part 1: Agency Information

CIS+ Provider Agency:	Medicaid Provider ID:	
Interviewer Name and ID (If applicable):	Date Assessment Initiated:	Date Assessment Completed:

Part 2: Member Information

Member First Name:		Member Last Name:		Middle Initial:
Medicaid ID #:		Date of Birth:		Age (Years):
HMIS ID #: ☐ Unknown ☐ 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:	
	1.	Yes ☐ No ☐		
	2.	Yes ☐ No ☐		
Any friends or family who can help reach you? Yes ☐ No ☐ If yes, Contact Name:			Contact Phone 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? ☐ Yes ☐ No
Does participant currently receive TANF? ☐ Yes ☐ No	Does participant have a Legal Guardian/Power of Attorney/Rep Payee to assist in decision-making? ☐ Yes ☐ No If yes, person's name and contact information:	
Household Composition		
Number of additional household members: Adults ____ Children ____	Does participant require a live-in caregiver? ☐ Yes ☐ No	

Homeless Status	**Medical Respite Need**
☐ At-risk of homelessness ☐ Homeless for less than 1 continuous year ☐ Multiple times homeless but not chronically* homeless ☐ Chronically homeless **Chronically homeless: Homeless for 1 continuous year or more or 4 times homeless in last 3 years (that add up to 1 year)*	Participant has a clinical need for: ☐ Short-Term Pre-Procedure Housing ☐ Short-Term Recuperative Care ☐ Short-Term Post-Hospitalization Housing ☐ No clinical need for Medical Respite

Transportation
Participant has a car ☐ Yes ☐ No
Participant has TheHandi-Van, Paratransit Services, or TheBus pass ☐ Yes ☐ No
Participant has other transportation options ☐ Yes ☐ No If yes, please specify:
Veteran Status
Has participant ever served on active duty in the US Armed Forces? ☐ Yes ☐ No
Housing Barriers
Rental History: ☐ Poor rental history ☐ Rental history with no issues ☐ No rental history
Credit History: ☐ Poor credit history ☐ Credit history with no issues ☐ No credit history
Criminal History: ☐ Has criminal history ☐ Criminal history with no issues ☐ No criminal history
Eviction History: ☐ Has eviction history ☐ Eviction history with no issues ☐ No eviction history
Has participant applied for a Housing Choice [Section 8] Voucher (HCV)? ☐ Yes ☐ No
Has participant applied for Public Housing? ☐ Yes ☐ 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?

Mental Health or Substance Use Disorder		*Physical Health Condition or Disability*		*Stress and Violence*		*Economic Reasons*	
☐	Alcohol or drug use	☐	Illness or medical problem	☐	Divorce/separation	☐	Loss of public housing or HCV (Section 8)
☐	Left a substance abuse treatment program and had nowhere to go	☐	Released from a hospital with nowhere to go	☐	Death in the family or death of a loved one	☐	Loss due to foreclosure including eviction from a foreclosed rental property
☐	Mental illness	☐	Disabled	☐	Family or domestic violence	☐	Evicted from a foreclosed rental property
☐	Other reasons exacerbated by mental health disorders or substance abuse	☐	Other reasons exacerbated by physical health conditions or disabilities	☐	Argument with family or friends	☐	Released from jail or prison and had nowhere to go
		☐	COVID-19 related	☐	Loss of housing due to non-economic reasons (house fire, lease violation, etc.)	☐	Unable to pay rent
				☐	Relocation or transition from another state	☐	Unable to pay mortgage
						☐	Lost job
						☐	SSI or SSD cut off or benefits canceled

Other reasons (please describe):

Part 3: Preferences and Needs

Living Arrangements
☐ Supervised group home ☐ Shared apartment or home ☐ Single occupancy apartment ☐ Group home (i.e. foster home) ☐ Independent rental ☐ Living with family/friends ☐ Medical Respite (i.e., clinically supportive living environment)

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How many bedrooms does the participant want (excludes Medical Respite)? □ Studio □ 1 bedroom □ 2 bedrooms □ 3 bedrooms □ 4 bedrooms
In what specific area(s) does the participant want to live? ☐ Oahu ☐ Honolulu ☐ Windward ☐ Central ☐ Leeward ☐ Hawaii ☐ East ☐ West ☐ North ☐ Kauai ☐ Maui ☐ Kahului ☐ Kihei ☐ Lahaina ☐ Molokai ☐ Lanai
Does household have any pets? ☐ No ☐ Yes If yes, type and # of pets:
Accessibility Needs
☐ No physical accessibility needs ☐ No stairs/ground floor ☐ Doorways at least 32 inches wide ☐ Front knob on appliances ☐ Roll in shower ☐ Grab bars in bath ☐ Lever door handles ☐ Other (please specify):
Other Preferences

Air conditioning ☐ High ☐ Medium ☐ Low ☐ None	Parking available ☐ High ☐ Medium ☐ Low ☐ None
Community area ☐ High ☐ Medium ☐ Low ☐ None	Pet friendly ☐ High ☐ Medium ☐ Low ☐ None
Exercise room ☐ High ☐ Medium ☐ Low ☐ None	Public Transportation ☐ High ☐ Medium ☐ Low ☐ None
Laundry on-site ☐ High ☐ Medium ☐ Low ☐ None	Smoking allowed ☐ High ☐ Medium ☐ Low ☐ None
Does participant want a roommate? □ Yes □ No □ Maybe	Other (please specify):

Part 4: Housing Readiness

Housing Documents
Participant has access to the following housing documents: Government issued picture identification ☐ Yes ☐ No Social security card ☐ Yes ☐ No Birth certificate ☐ Yes ☐ No Proof of income letter from Social Security ☐ Yes ☐ No Current bank statements ☐ Yes ☐ No Other income and asset information ☐ Yes ☐ No ☐ Not applicable
When will participant be ready for housing? ☐ Immediately ☐ Within 3 months ☐ Within 6 months ☐ Within a year ☐ A year or more ☐ Other (please specify):