

Case Management (Add-On) Assessment

(This **OPTIONAL** assessment is meant to be used in conjunction with one of the other standard MSHMIS intake assessments)

Entrance Date: _____

Client ID#: _____

Case Manager: _____

First Name: _____

Middle Name: _____

Last Name: _____

Additional Homeless/Living Situation Questions

Homeless Primary Reason

- | | | |
|---|--|--|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Release from Corrections |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> Release from Hospital |
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Loss of Transportation | <input type="checkbox"/> Release from Institution |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Roommate Moved |
| <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Sub-Standard Housing |
| <input type="checkbox"/> Immigration Problems | <input type="checkbox"/> Moved to Seek Work | <input type="checkbox"/> Under-Employment/Low Income |
| <input type="checkbox"/> Landlord/Tenant Conflict | <input type="checkbox"/> No Affordable Housing | <input type="checkbox"/> Unexpected Expenses |
| <input type="checkbox"/> Loss of Child Care | <input type="checkbox"/> Overcrowding Doubled/Up | <input type="checkbox"/> Utility Shutoff |

Homeless Verification on File

- | | | |
|--|--|---|
| <input type="checkbox"/> Formal eviction documentation | <input type="checkbox"/> Signed client statement with confirmation statement | <input type="checkbox"/> Verification from an institution |
|--|--|---|

Shelter Name, if in a shelter: _____

Temporarily doubled up due to a housing crisis

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If doubled up, length of time doubled up

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than three months, but less than one year | <input type="checkbox"/> Refused |
| <input type="checkbox"/> More than a week, but less than a month | <input type="checkbox"/> One year or longer | |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Don't know | |

50% or more of income spent on housing

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Have eviction proceeding begun?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

(If yes), date of eviction: _____

Education

Last Grade Completed

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> GED | <input type="checkbox"/> Client does know |
| <input type="checkbox"/> Grades 5-6 | <input type="checkbox"/> Some College | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Grades 7-8 | <input type="checkbox"/> Associate's Degree | |
| <input type="checkbox"/> Grades 9-11 | <input type="checkbox"/> Bachelor's Degree | |
| <input type="checkbox"/> Grade 12/High School Diploma | <input type="checkbox"/> Graduate Degree | |
| <input type="checkbox"/> School program doesn't have grade levels | <input type="checkbox"/> Vocational Certification | |

Presently Attending School (Youth Under 18 Only)

- Yes
- No
- Client doesn't
- Client refused

School Status (Youth Under 18 Only)

- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Attending School Regularly | <input type="checkbox"/> Dropped Out | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Attending School Irregularly | <input type="checkbox"/> Suspended | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Graduated High School | <input type="checkbox"/> Expelled | |
| <input type="checkbox"/> Obtained GED | | |

Has a McKinney-Vento Homeless Assistance Liaison (Youth Under 18 Only)

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Client doesn't |
| <input type="checkbox"/> No | <input type="checkbox"/> Client refused |

Employment

Employed?

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know |
| | | <input type="checkbox"/> Client refused |

If Yes, Type of Employment

- | | | |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Seasonal/sporadic (including day labor) |
|------------------------------------|------------------------------------|--|

If No, Why not Employed

- | | | |
|---|---|---|
| <input type="checkbox"/> Looking for work | <input type="checkbox"/> Unable to work | <input type="checkbox"/> Not looking for work |
|---|---|---|

% of Median Income (Use Median Income Chart)

- | | | | |
|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> 0-30% | <input type="checkbox"/> 31-50% | <input type="checkbox"/> 51-80% | <input type="checkbox"/> Over 80% |
|--------------------------------|---------------------------------|---------------------------------|-----------------------------------|

% of Median Income

- | | | |
|--|---------------------------------|---|
| <input type="checkbox"/> Less Than 30% | <input type="checkbox"/> 30-50% | <input type="checkbox"/> Greater Than 50% |
|--|---------------------------------|---|

Access to Benefits

Referred to other potential benefit programs

- Yes No Declined Assistance

Has the client Applied for SSI/SSDI

- Yes No

Connection with SOAR

- Yes Client doesn't know
 No Client refused

TANF Benefits have been exhausted

- Yes No

Transportation

Means of Transportation

- Bicycle Handicapped Transportation RideShare
 Brokered Metro Van Taxi
 Bus Other Walks
 Family/Friends Owns car/motorcycle Workers on Wheels

Valid Driver's License

- Yes No

Veteran Information

Date Entered Military Service _____

Date Separated from Military Service _____

Theatre of Operations: World War II Korean War Vietnam War Persian Gulf War Afghanistan Iraq Freedom
 Iraq Dawn Other Peacekeeping Operations/Military Interventions Client Doesn't Know Client Refused

Branch of the Military: Army Air Force Navy Marines Coast Guard Client Doesn't Know Client Refused

Discharge Status: Honorable General under honorable conditions Under other than honorable conditions Bad Conduct Uncharacterized
 Dishonorable Client Doesn't Know Client Refused

Months Served on Active Duty in the Military: _____

Referral Information

Referred from

- Church
- Family Resource Center
- Family or Friends
- Health Care Provider
- Info & Referral Service/211
- Michigan WORKS!
- Police or Law Enforcement
- Prisoner Reentry
- School
- Self
- Social Service Organization

Notes
