



Navigator Case Summary – Families & Individuals

For Head of Household age 25+

Participant HMIS #: _____

Navigator Name: _____ Agency: _____

Program Overview and Initial Assessment

Date RRH Overview Pamphlet was reviewed with participant: _____

Based on initial assessment, what Housing Intervention(s) is participant eligible for?

Select all that apply

- Diversion** (If Diversion, proceed with Diverting to housing options outside of RRH/PSH)
- RRH**
- PSH** (If participant is Chronically homeless, a transfer from RRH to PSH may be an option in the future if required documentation is obtained. Transfers are not guaranteed, as they are based on program availability and participant needs.)

If deemed eligible for a Supportive Housing program, does participant give informed consent to participate

- Agree to Case Management services for the duration of time in the program
- Accept regular home visits
- Agree to developing a plan and working on ways to improve their housing stability
- Agree to pay their rent on time as income is obtained
- Follow lease and program responsibilities

If participant is deemed eligible for a program and gives consent to participate, proceed with Navigation for the Housing Intervention(s) selected above.

Family Composition: (who will be housed with HOH?)

Current Living Situation:

- Shelter, Name: _____
- Agency paid hotel
- Place not meant for human habitation

Interested in shelter?

- No
- Yes

If a yes & family, Shelter Tool completed on: _____

- Already in Shelter

Marital Status:

- Single
- Married
- Widowed
- Divorced

Preferred Language Spoken:

- English
- Spanish
- Creole
- Other: _____

Preferred Methods of contact:

- Phone: _____ Email: _____
- Point of contact: _____

	All Household Members <i>Note: At least one minor under the age 18 has to be in the home</i>	Age	Relationship
1			<u>Self</u>
2			
3			
4			
5			
6			
7			
8			
9			



Do you have any children that are not in your custody? No Yes

If yes, did you understand and sign the Guardian Acknowledgment Form? No Yes

Do you have an open Dependency or Diversion Case? No Yes

If yes, please provide Case Worker name and contact info: _____

Do you have anyone planning to move in with you if housing is obtained? Yes No

If yes, who and what is the relationship? _____

What is your highest level of education completed?

Less than High School High School Diploma or GED Technical/Occupational Certificate

Some College Associates Degree Bachelor's Degree Master's Degree

Do you have any pets or service animals?

None

Service animal

Pet - If so, what type of animal and breed? (I.e. dog, bird, cat, snake, etc.)

Disability & Accessibility

Has anyone in your household (including yourself) been diagnosed with any disability? No Yes (If yes, who? list the type of disability)

If there were services available to address a medical need or concern, what type of services would you be interested in receiving to help promote housing stability? _____

Would you need accessibility support? (I.e. need handicap unit, ground floor, etc.)

No Yes (If yes, list the need) _____

Do you or any household members other have medical insurance? Yes No

If yes, with who? What type of plan? _____

Legal Concerns:

Any history of felony convictions? No Yes (If yes, list the type of charge) _____

Any open court cases, adjudications, or misdemeanors? No Yes (If yes, list all)

Any history of evictions? No Yes (If yes, list the # of evictions and year of each eviction) _____

Current Financial Situation:

Is there any household income? No Yes, total Household Gross income for all adults 18+: \$ _____

Participant Strengths What is working well AND what are the good things keeping you and/your family together?
(Think about past successes, steps taken, achievements, supports and abilities to overcome challenges)

Shared Housing

If there were an opportunity to live with another person/family, would you want to know more?

- If No, Skip to Participant Acknowledgement If Yes, answer questions 1-6 below

1. What are you hoping for in a roommate? _____

2. What would you like your potential roommate to know about you? _____

3. Number of roommates wanted? No more than 1 No more than 2 The more the merrier

4. Are you comfortable with living in a gender-inclusive unit? Yes No No Preference

The purpose of this question is to help persons who may identify differently to search and request potential roommates who are open to, accepting of, and comfortable living with gender-diverse roommates regardless of their sexual orientation, gender identity, or gender expression.

5. How do you feel about pets living with you? I don't mind No pets for me I'm allergic

6. How do you feel about having guests? I love it I don't like it I'm Ok with it, but with conditions

Participant Acknowledgement

I, _____ acknowledge that
Participant Name

- I have been provided information about the Rapid Rehousing Program and received a copy of the RRH Overview Pamphlet.
- I have had the opportunity to go over the contents of the Overview pamphlet and ask for clarification, if needed.
- I give consent to participate with the housing program I am being referred to.
- I have answered all the above questions accurately and to the best of my ability

Participant Signature: _____

Date: _____

Receipt by (Navigator Name): _____