

Navigator's Youth/ Youth Family Case Summary

For Head of Household age 18-24

Participant HMIS #: _____

Navigator Name: _____

Navigator Agency: _____

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

Current Living Situation:

- Shelter, Name: _____
Do not disclose if in DV shelter or fleeing a dangerous situation
- Hotel (paid by a community agency)
- Place not meant for human habitation

Interested in shelter?

- No
- Yes

If a 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: _____

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

If yes, did you understand and signed the Navigation & RRH Acknowledgment Form? No Yes

Any 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? _____

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

	All Household Members	Age	Relationship
1			<i>Self</i>
2			
3			
4			
5			
6			



Any pets or service animals?

- No
- Yes, *If yes, what type of animal and breed? (I.e. dog, bird, cat, snake, etc.)*

Is this pet a certified service animal? Yes No

Disabilities/Accessibilities:

Has anyone in your household (including yourself) been medically diagnosed with a physical, behavioral or psychological disability? No Yes (If yes, 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, your child, or significant 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:

Are you currently employed? No Yes, total Household Gross income for all adults 18+: \$ _____

Any known financial stressors (economic events that create anxiety or worry): No Yes

(If yes, list type) (i.e. Rental Arrears, Utility Debt, Job Loss, Lack of Stable Income, etc.)

Rank Housing Program Preference:

(0- not an option, 1- primary preference, 2- secondary preference 3- third preference)

Your Navigator will discuss the different programs and best options in accordance to your need and eligibility.

Diversion _____ ROPAL _____ RRH-Shared _____ RRH-Non Shared _____ PSH _____

If Housing Program Preference is ROPAL: (Skip if not)

What counties are you open to living in? (Orange, Osceola, Either) _____

Are you ok with sharing a room with another youth? Yes No (ROPAL is a roommate program)

If Housing Program Preference is ROPAL and/or RRH-Shared, please disclose the following information.

Roommate matching is essential in your housing stability! (Skip if not)

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 youth 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 sex, 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

How much are you looking to pay in rent? Minimum \$ _____ Maximum \$ _____

How much are you looking to pay in utility cost? Minimum \$ _____ Maximum \$ _____

If a Housing Authority Voucher (Section 8) was available, and you meet eligibility requirements but, you do not need intensive case management support; would this be more ideal and of interest to you?

No

Yes, be sure to speak with your housing case manager once assigned for further review/details.

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)

Acknowledgement

By signing this form, you acknowledge:

- You read, understand and have been provided **information about the different housing programs.**
- You have received a copy of the **RRH/ROPAL Overview Pamphlet**
- You have **answered all the questions truthfully and to the best of your ability.**

Participant Name: _____ **Date:** _____

Participant Signature: _____