**King County Housing Needs Form**

**\*NOTE – New Clients to the HMIS system will also need to fill out:**

**1. HMIS Client Consent for Data Collection and Release of Information (ROI)**

**2. Clarity HMIS: KC – Coordinated Entry System Enrollment & Profile**

**These can be found at:** [**http://kingcounty.hmis.cc/client-forms/**](http://kingcounty.hmis.cc/client-forms/)

**ASSESSMENT Date**

|  |
| --- |
|    |

 **ASSESSMENT LOCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐   | Balance of State | ☐   | King County  | ☐   | Thurston County |

**ASSESSMENT TYPE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ☐   | In Person   | ☐   | By Phone  | ☐   | Virtual  |

**ASSESSMENT LEVEL**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Crisis Needs   | ☐   | Housing Needs |

 **AGENCY/AGENCIES SUPPORTING HOUSEHOLD**

|  |
| --- |
|  |

**CONTACT INFO FOR STAFF SUPPORTING HOUSEHOLD**

|  |
| --- |
|  |

**WHERE IN KING COUNTY DO YOU WANT TO LIVE OR WHAT AREAS ARE UNSAFE FOR YOU?**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Would Accept | Would Not Accept | Not Safe For You |
| North King County |  |  |  |
| South King County |  |  |  |
| East King County |  |  |  |
| Central Seattle |  |  |  |
| Downtown Seattle |  |  |  |
| North Seattle |  |  |  |
| South Seattle |  |  |  |
| West Seattle |  |  |  |
| Outside of King County |  |  |  |

**DO YOU HAVE ANY TIES TO ANY OF THESE SUBREGIONS OF KING COUNTY?**

**THIS INCLUDES IF YOUR HOUSEHOLD IS OR HAS BEEN EXPERIENCING HOMELESSNESS IN THE REGION, HAS PREVIOUSLY LIVED IN THE REGION, HAS FAMILIAL TIES IN THE REGION, HAS PREVIOUS OR CURRENT EMPLOYMENT IN THE REGION, HAS RECEIVED SERVICES OR EDUCATION IN THE REGION.**

|  |  |
| --- | --- |
| Area | Has Ties To Area (If yes, write “yes”) |
| North King County (Shoreline, Lake Forest Park, Bothell, Kenmore, Woodinville and Lake City) |  |
| East King County (Kirkland, Redmond, Bellevue, Mercer Island, Sammamish, Issaquah) |  |
| Snoqualmie Valley (North Bend, Snoqualmie, Carnation, Duvall, Fall City) |  |
| South King County (Tukwila, Burien, Renton, Kent, Auburn, SeaTac, Federal Way, Pacific, Algona, Normandy Park, Des Moines, Newcastle) |  |
| South East King County (Maple Valley, Black Diamond, Covington, Milton, Enumclaw) |  |
| Urban Unincorporated King County (Skyway, White Center) |  |
| Seattle Metro (Seattle, Vashon Island) |  |

 **HOUSING INTERVENTION AND PREFERENCES**

|  |  |  |  |
| --- | --- | --- | --- |
| Intervention | Prefer | Would Accept | Would not Accept |
| Clean & Sober / Recovery Housing |  |  |  |
| Couples Housing |  |  |  |
| Safe Haven |  |  |  |
| Single Room Occupancy |  |  |  |
| Mixed Gender Housing |  |  |  |
| Housing Does Not Allow Guests |  |  |  |

 **Does anyone in the household require parking?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Would your household benefit from a resource that does not require a Social Security Number?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Other residential preferences:**

|  |
| --- |
|  |

**BARRIERS TO HOUSING**

**Does anyone in the household have convictions for arson in a federally assisted unit?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Does anyone in the household have convictions for methamphetamine manufacturing in a federally assisted unit?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Is anyone in the household a level 3/lifetime registered sex offender?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**ADA SUPPORTS**

**Is an ADA unit required?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Other ADA Accessibility Notes:**

|  |
| --- |
|  |

**Do you have the following documentation?**

|  |  |  |
| --- | --- | --- |
| Document | Yes | No |
| Photo ID |  |  |
| Social Security Card |  |  |
| Birth Certificate(s) for minor(s) |  |  |
| DD-214 (if applicable) |  |  |
| Proof of Income (if applicable) |  |  |
| Statement of No Income from DCHS (if applicable) |  |  |
| Disability Verification |  |  |

**SERVICE MATCH**

|  |  |  |
| --- | --- | --- |
| Service | Yes | No |
| Permanent Supportive Housing (PSH) |  |  |
| If “Yes” to PSH, is there a presence of severe and persistent mental illness? |  |  |
| If “Yes” to PSH, is there a presence of substance use disorder? |  |  |
| If “Yes” to PSH, is the household chronically homeless? |  |  |
| TOOL Score |  |  |
| Permanent Housing (PH) |  |  |
| Transitional Housing (TH) |  |  |
| Rapid Re-Housing (RRH) |  |  |

 **FAMILIES WITH MINORS**

**Do adults in the household currently have 51% or more custody of minor(s)?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No | ☐   | No but reunification anticipated after housing | ☐   | Pregnant | ☐ | N/A |

**Does your household have current Child Protective Services (CPS) involvement?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**YOUNG ADULTS (18-24)**

**Is this household at risk of homelessness/HUD Category 2?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**Will you accept shared housing with a shared bedroom?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**SINGLE ADULTS**

**Will you accept a cubicle/carrel-style unit?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |

**REMINDER: PLEASE UPDATE THE CLIENT CONTACT TAB WITH THE ACCURATE INFORMATION**

**Private?**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐   | Yes   | ☐   | No |