Date: ______________________

HOUSING STABILITY (2b)

Looking at your current housing situation, at you at an immediate risk of eviction? Yes No

If yes, what needs to happen in order to avoid eviction?

How soon does this need to happen?

Within the past 3 months, has your family fallen behind on rent payments? Yes No

If yes, do you have a repayment plan in place?

Within the past 3 months, has your family fallen behind on any utility bills? Yes No

If yes, do you have a repayment plan in place?

Within the past 3 months, did your landlord say that your family failed a home inspection of some sort?

Yes No

Within the past 3 months, did your landlord say that your family has caused any damage to your unit?

Yes No

Within the past 3 months, did your landlord say that your family entertained any unauthorized guests?

Yes No

Within the past 3 months, did your landlord say that someone on your lease is causing problems in the community OR that a neighbor has filed a complaint about someone in your household?

Yes No

Have you received any lease violations during the past 3 months? Yes No

Within the past 3 months, did your landlord say your family failed to provide or update information required by law or lease? E.g., Income or family composition Yes No

During the term of your current lease, have you been in compliance with community service requirements? Yes No

Do you or anyone in your family need any additional support in order to maintain stable housing?

Activities of daily living? In-home health services? Housekeeping? Re-entry Services?

Credit repair or bankruptcy prevention? Budgeting or money management?

Substance abuse treatment services? Domestic Violence?

Is your household in good standing with your property manager/landlord? Yes No

©Urban Strategies, Inc. 2016

Date: ________________________

FUTURE HOUSING (2a. Housing Transition and Choices)

What type of housing are you currently living in? Public Housing Project Based Section 8

Tax Credit Rental Market Rate Rental

What type of housing and neighborhood would you like to live in during relocation (Public Housing, Section 8 HCV, Section 8 PBV, Other?) – First Choice? Second Choice?

After the redevelopment is completed, would you like to live in the revitalized site?

If you don't want to live in the revitalized site, where would like to live? What type of program?

Do you have a car in good working condition?

HEALTH (3a Adult Assessment, 3b Other Adult in Household Questionnaire, and 3d Annual Youth Questionnaire)

Do you have any concerns about your physical, mental or emotional health?

Which of the following health conditions are concerns for you? Which of the following health conditions are concerns for other members of your household?

O High blood pressure
O Type II Diabetes
O Asthma
O Overweight
O Arthritis
O High Cholesterol
O Lead poisoning
O Physical disability
O Stress
O Depression
O Other: Please describe

Are you or the other household members connected with the appropriate health care to manage their chronic health concern(s)?
O Yes O No

Do you need help with overcoming physical or functional limitations? O Yes O No

Do you need help with health or mental health services? O Yes O No

Do you need help with medication assistance? O Yes O No

Do you need help with accessing medical services? O Yes O No

Do you have health insurance coverage? O Yes O No O Do not know/not sure

If so, what type of health insurance coverage?

O Medicaid
O Medicare
O Private plan through employer
O Other

©Urban Strategies, Inc. 2016

Date: ________________________

What members of your household have health insurance?

What type of health insurance coverage?

Do you have a primary care physician? O Yes O No O Do not know/not sure

Have you visited your primary care physician within the last 12 months? O Yes O No

Have you received dental care in the last 12 months? O Yes O No

Do the other members of your household have a primary care physician? O Yes O No
If no, who?

Are you pregnant? Is anyone on the household pregnant? O Yes O No O N/A
If yes, who? Is he/she receiving prenatal care?

Have other household members visited a primary care physician in the last 12 months? O Yes O No

Have other household members received dental care in the last 12 months? O Yes O No

Does anyone in your household receive SSI and/or SSDI? O Yes O No
If yes, who?

Do you, or any of the members of your household have asthma? O Yes O No
If yes, who?

On a scale of 1-5, how high would you rate your level of stress?

O 1 - no stress O 2 - very low stress
O 3 - somewhat stressed O 4 - high stress
O 5 - severely stressed

Are you concerned about any of the other adult members of your household needing healthcare services?
If so, who?

©Urban Strategies, Inc. 2016

www.urbanstrategiesinc.org 720 Olive Street, Suite 2600 St. Louis, Missouri 63101 314.421.4200 Main 314.421.0836 Fax