

Priority Assessment of Housing Barriers and Vulnerability

Yes	No	<u>Tier One - Intake within 1 - 5 Business Days</u>
		Within the last 14 days, has the household received an eviction notice due to back owed rent?
		In the past 30 days, has the household experienced an abusive situation believed to be the direct cause of homelessness or ability to get out of homelessness?
		Within the last 14 days, did the household spend the night in a place not meant for human habitation including staying in car, park, sidewalk, abandoned building, encampment, or on the streets?
Yes	No	<u>Tier Two - Intake within 5 - 10 Business Days</u>
		Within the last 7 days, has the household resided in hotel or motel that was paid for by charitable organizations or by any government programs?
		Within the last 7 days, has the household resided in a publicly or privately operated shelter or treatment center?
		Does the household need assistance with back owed rent and have not received an eviction notice?
		Has the household already secured or identified permanent housing and in need of move-in cost including but not limited to security deposit, utility deposit, and/or first and last months' rent?
		If currently homeless, does the household lack the financial resources to reside in a hotel/motel paid for by themselves?
Yes	No	<u>Tier Three - Intake within 10 - 14 Business Days</u>
		Have you been notified that you must vacate your current housing arrangement within the next 14 days and have not received an eviction notice?
		Over the last 3 years, has the household been homeless 4 or more times with each instance lasting at least a month?
		Is the head of household currently unemployed?
		Is anyone in the household currently hospitalized or other place of care and may need respite or residential care before entering new temporary or permanent housing?
		Does anyone in the household require housing that accommodates ADA compliant accessibility needs such as wheelchair ramps or railings?
		Does the household's homelessness situation prevent anyone from following any physical/mental health medical treatment plans?
		Assessment derived from Change Well Project Sample Referral Tool 2023.02 and SPDAT Manual V4.1

V2.2024.7