

**Housing Assessment**

Oklahoma Department of Mental Health & Substance Abuses Services  
Recovery Supports – Housing & Employment  
Revision Date: 7/31/2023



**Name/Date/Contact**

Name: \_\_\_\_\_ Assessment date: \_\_\_\_\_

Are you currently inpatient or incarcerated?  Yes  No

If yes, where? \_\_\_\_\_ Discharge date: \_\_\_\_\_

Preferred method of communication for the ODMHSAS team to reach you? (Please check all that apply)

Advocate listed below  Text \_\_\_\_\_  Telephone \_\_\_\_\_

Email \_\_\_\_\_

If you are an advocate assisting an individual to complete this form, please fill out the following information.

Advocate name: \_\_\_\_\_ Advocate phone: \_\_\_\_\_

Advocate email: \_\_\_\_\_ Advocated agency: \_\_\_\_\_

If you are an ODMHSAS contracted housing provider, CCBHC or CCARC and are not part of the housing team, have you reached out to your housing lead for assistance?  Yes  No

**Demographics**

DOB: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Gender identity: \_\_\_\_\_

Tribal Affiliation:  Yes  No

Sexual Orientation: \_\_\_\_\_

If yes, which one(s)? \_\_\_\_\_

Preferred language: \_\_\_\_\_

Preferred pronouns: \_\_\_\_\_

Number of persons in household: \_\_\_\_\_

If children, what age(s)? \_\_\_\_\_

Is there DHS involvement?  Yes  No If yes, assigned caseworker? \_\_\_\_\_

Is there APS involvement?  Yes  No If yes, assigned caseworker? \_\_\_\_\_

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## Homelessness

Are you homeless right now?  Yes  No

How long have you been homeless? \_\_\_\_\_

Where did you sleep last night? \_\_\_\_\_

Is the place where you slept safe to stay until housing can be obtained?  Yes  No

If yes, for how long? \_\_\_\_\_

## Essential Documents

Social Security Card  Yes  No  Needs to Obtain

Birth Certificate  Yes  No  Needs to Obtain

State ID  Yes  No  Needs to Obtain

Green Card  Yes  No  Needs to Obtain

## Questions for Youth/Young Adults under Age 24

Were you in DHS custody on or after your 16<sup>th</sup> birthday?  Yes  No

Were you ever on an IEP in school?  Yes  No

If yes, what was it for? \_\_\_\_\_

## Military Service

Have you ever served in the U.S. Armed Forces?  Yes  No

If yes, which branch?  Army  Marines  Navy  Air Force

Space Force  Coast Guard  National Guard

Do you have your DD214?  Yes  No

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**Finances**

Do you have enough money to meet your needs? (Needs include rent, utilities, food, transportation, etc.)  Yes  No

What are your sources of income and how much do you receive from them?

| Income Source(s) | Income Amount(s) per Month |
|------------------|----------------------------|
| 1.               | 1.                         |
| 2.               | 2.                         |
| 3.               | 3.                         |
| 4.               | 4.                         |
| 5.               | 5.                         |

**Health and Wellness**

Do you have any physical health needs that you would like support with?  Yes  No

If yes, what are those needs? \_\_\_\_\_

What supports do you need? \_\_\_\_\_

Do you have any mental health needs that would impact your ability to maintain housing?

Yes  No

If yes, what are those needs? \_\_\_\_\_

What supports do you need? \_\_\_\_\_

Do you have any substance use concerns that would impact your ability to maintain housing?

Yes  No

If yes, what are those concerns? \_\_\_\_\_

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## Housing History

| Type of residence   | Date entered | Date left | Reason for leaving |
|---|--------------|-----------|--------------------|
| <input type="checkbox"/> Emergency shelter  |              |           |                    |
| <input type="checkbox"/> Transitional housing for homeless persons                        |              |           |                    |
| <input type="checkbox"/> Permanent housing for formerly homeless persons                  |              |           |                    |
| <input type="checkbox"/> Psychiatric hospital or facility                                 |              |           |                    |
| <input type="checkbox"/> Substance abuse treatment facility/detox center                  |              |           |                    |
| <input type="checkbox"/> Recovery residence/sober living program                          |              |           |                    |
| <input type="checkbox"/> Hospital (non-psychiatric)                                       |              |           |                    |
| <input type="checkbox"/> Jail, prison or juvenile detention facility                      |              |           |                    |
| <input type="checkbox"/> Room, apartment, or rental house                                 |              |           |                    |
| <input type="checkbox"/> Owned condominium or house                                       |              |           |                    |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house |              |           |                    |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house        |              |           |                    |
| <input type="checkbox"/> Hotel or motel paid without emergency shelter voucher            |              |           |                    |
| <input type="checkbox"/> Foster care home or foster care group home                       |              |           |                    |
| <input type="checkbox"/> Place not meant for habitation                                   |              |           |                    |

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## Barriers to Housing

- |  |  |
|--|--|
| <input type="checkbox"/> No rental history                     | <input type="checkbox"/> Debt (past utility balances, eviction court fees, etc.) |
| <input type="checkbox"/> Past eviction(s)<br>How many? _____   | <input type="checkbox"/> Repeated or chronic homelessness                        |
| <input type="checkbox"/> Large family (three or more children) | <input type="checkbox"/> Recent criminal history                                 |
| <input type="checkbox"/> Single parent                         | <input type="checkbox"/> Adult or child with mild to severe behavioral problems  |
| <input type="checkbox"/> Client under age 18                   | <input type="checkbox"/> Disabilities  |
| <input type="checkbox"/> Sporadic employment history           | <input type="checkbox"/> Physical health issues                                  |
| <input type="checkbox"/> No high school diploma/GED            | <input type="checkbox"/> Fleeing domestic violence                               |
| <input type="checkbox"/> Insufficient income                   | <input type="checkbox"/> Substance use<br>Drug of choice _____                   |
| <input type="checkbox"/> Insufficient savings                  |  |
| <input type="checkbox"/> No or poor credit history             |  |
| <input type="checkbox"/> Other: _____                          |  |

## Housing Needs/Preferences

- Close to public transportation
- Close to childcare
- Close to school  
Which school? \_\_\_\_\_
- Close to clinic/medical facility/treatment facility?  
Which? \_\_\_\_\_
- 24 hour staff/supervision
- Other  
Please describe: \_\_\_\_\_

## Trafficking History

Has an assessment tool been completed to identify trafficking/exploitation?  Yes  No

If yes, what was the outcome? \_\_\_\_\_

If no, please complete a trafficking assessment. Examples:

- The Trafficking Victim Identification Tool (TVIT) Short Version (20 questions)
  - URL: <https://rb.gy/9hd1v>
- Quick Youth Indicators for Trafficking (QYIT) (4 questions)
  - URL: <https://rb.gy/lcd71>

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**Strengths Assessment/Goals**

|  | <b>Current Strengths</b><br>e.g. talents, skills) | <b>Goals and Aspirations</b><br>(e.g. how would they like to improve?) |
|--|---|--|
| <b>Home/Daily Living Skills</b><br>(e.g. cooking, cleaning)  |   |  |
| <b>Employment/Education/<br/>Specialized Knowledge</b><br>(e.g. welding, restaurant experiences, computers)  |   |  |
| <b>Supportive Relationships/People Who Would be Upset to Learn You Are Homeless</b><br>(e.g. family, friend) |   |  |
| <b>Wellness/Health</b><br>(e.g. able to do chores without trouble, diabetes management)                      |   |  |
| <b>Leisure/Recreation</b><br>(e.g. daily “me time”, sports league)   |   |  |
| <b>Spiritual/Culture</b><br>(e.g. attend church, play music, volunteer work, traditions)                     |   |  |