

## Contra Costa Coordinated Entry Housing Needs Assessment (CC-HNA)

### HISTORY OF HOUSING AND HOMELESSNESS (Medium Weight)

Episodes of Homelessness	<b>1.</b> How many times has your household been homeless on the streets, in a shelter, in a car, or in any other place not meant for habitation in the past three years, including today? <ul style="list-style-type: none"> <li><input type="radio"/> 1 time</li> <li><input type="radio"/> 2 times</li> <li><input type="radio"/> 3 times</li> <li><input type="radio"/> 4 or more times</li> </ul>
Total Time Homeless	<b>2.</b> Total number of months your household has been homeless in the past three years: <ul style="list-style-type: none"> <li><input type="radio"/> One month (this time is the first month)</li> <li><input type="radio"/> Two months</li> <li><input type="radio"/> Three months</li> <li><input type="radio"/> Four months</li> <li><input type="radio"/> Five months</li> <li><input type="radio"/> Six months</li> <li><input type="radio"/> Seven months</li> <li><input type="radio"/> Eight months</li> <li><input type="radio"/> Nine months</li> <li><input type="radio"/> Ten months</li> <li><input type="radio"/> Eleven months</li> <li><input type="radio"/> Twelve months</li> <li><input type="radio"/> More than 12 months</li> </ul>
Lack of Rental History	<b>3.</b> Has any adult in your household ever been on a lease for housing?
Negative Rental History	<b>3b.</b> <i>(If yes – have been on a lease,)</i> Do any of the following describe your household’s rental history? (select all that apply) <ul style="list-style-type: none"> <li><input type="radio"/> Have outstanding rental debt or utility debt</li> <li><input type="radio"/> Have been formally evicted</li> <li><input type="radio"/> Have broken lease agreements</li> <li><input type="radio"/> None of these apply</li> </ul>
Housing Loss Due to Gender, Cultural, Religious, or Sexual Identity	<b>4.</b> Have you or anyone in your household ever been forced to leave housing because of differences in religious or cultural beliefs, or because of gender identity or sexual orientation?
<b>INCOME &amp; EMPLOYMENT (Medium Weight)</b>	
Income Sources/Zero Income	<b>5.</b> Which option best describes your household’s current income status? <ul style="list-style-type: none"> <li><input type="radio"/> Household has no current income</li> <li><input type="radio"/> Household has a fixed income (ex., SSI, SSDI, Pension, Survivor Benefits, etc.)</li> <li><input type="radio"/> Household has earned income</li> <li><input type="radio"/> Household has both fixed and earned income</li> </ul>
	<b>5b.</b> <i>(If no income or fixed income only)</i> Is any adult household member able to increase their income? <ul style="list-style-type: none"> <li><input type="radio"/> No adult household member is able to increase their income</li> <li><input type="radio"/> At least one adult household member is able to increase their income</li> </ul>

**DISABILITIES & HEALTH CONDITIONS (Medium Weight)**

<p>Number of Disabling Conditions in the Household</p>	<p><b>6. For each household member:</b></p> <p><u>Self</u> – Do you have a .... (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Physical Disability– Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Developmental Disability (Born with or developed early conditions like autism, down syndrome, or other learning disabilities) – Y/N</li> <li><input type="radio"/> Chronic Health Condition – Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> HIV+ - Y/N</li> <li><input type="radio"/> Mental Health Condition- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Alcohol Use - Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Drug Use- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Both Alcohol and Drug Use - Long Term &amp; Impairs Independence – Y/N</li> </ul> <p><u>Other Adult 1</u> – Do they have a... (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Physical Disability– Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Developmental Disability (Born with or developed early conditions like autism, down syndrome, or other learning disabilities) – Y/N</li> <li><input type="radio"/> Chronic Health Condition – Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> HIV+ - Y/N</li> <li><input type="radio"/> Mental Health Condition- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Alcohol Use - Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Drug Use- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Both Alcohol and Drug Use - Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Client doesn't know</li> <li><input type="radio"/> Client prefers not to answer</li> </ul> <p><u>Child 1</u> – Do they have a... (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> Physical Disability– Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Developmental Disability (Born with or developed early conditions like autism, down syndrome, or other learning disabilities) – Y/N</li> <li><input type="radio"/> Chronic Health Condition – Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> HIV+ - Y/N</li> <li><input type="radio"/> Mental Health Condition- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Alcohol Use - Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Drug Use- Long Term &amp; Impairs Independence – Y/N</li> <li><input type="radio"/> Both Alcohol and Drug Use - Long Term &amp; Impairs Independence – Y/N</li> </ul>
<p>Severity of Disabling Conditions in the Household</p>	<p><b>6b. (If yes to a Physical Disability, Chronic Health Condition, HIV, Mental Health Disorder, Alcohol or Drug Use Disorder in the HH), Do any of the disabilities or health conditions in your household cause you/your household to.... (select all that apply)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Be unable to work or work enough hours to support the household</li> <li><input type="radio"/> Lose your housing in the past</li> <li><input type="radio"/> Require assistance with daily activities (ADLs)</li> <li><input type="radio"/> Need a special unit accommodation in housing (for ex. an ADA accessible unit)</li> <li><input type="radio"/> Not Applicable</li> </ul>

**EXPERIENCES WITH SERVICES & OTHER SYSTEMS OF CARE (High Weight)**

Access to/Avoidance of Care	<p><b>7.</b> Have you or anyone in your household avoided or been unable to access medical, mental health, or other care due to (select all that apply):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Being concerned about being treated poorly or unfairly</li> <li><input type="radio"/> Not feeling safe or comfortable</li> <li><input type="radio"/> Being unable to afford it</li> <li><input type="radio"/> Being uninsured</li> <li><input type="radio"/> Not having transportation</li> <li><input type="radio"/> Not knowing how to access care</li> <li><input type="radio"/> No, my household accesses care when needed</li> </ul>
Utilization of Emergency Services	<p><b>8.</b> In the past six months, how many times have you or anyone in your household gone to an emergency room for medical treatment?</p> <p><b>9.</b> In the past six months, how many times have you or anyone in your household taken an ambulance to the hospital?</p> <p><b>10.</b> In the past six months, how many times have you or anyone in your household been hospitalized as an inpatient? For example, being admitted to a hospital overnight for medical care, mental health treatment, or substance use treatment.</p> <p><b>11.</b> In the past six months, how many times have you or anyone in your household used a crisis service? For example, crisis services for sexual assault, mental health or suicide prevention, family or intimate violence, and distress centers.</p>
Criminalization of Homelessness	<b>12.</b> Have you or anyone in your household ever been stopped or harassed by police due to being homeless?
Outcomes of Law Enforcement Encounters	<p><b>12b.</b> <i>If yes</i>, what were the results of the police interaction(s)? (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="radio"/> No negative repercussions or follow-up</li> <li><input type="radio"/> Told to move or leave the area</li> <li><input type="radio"/> Belongings were taken or thrown away</li> <li><input type="radio"/> Received a ticket or fine</li> <li><input type="radio"/> Arrested or jailed</li> </ul>
History of Incarceration	<b>13.</b> Have you or any adult in the household ever been incarcerated in State/County/Federal Prison?
History with Child Welfare	<b>14.</b> Were any adults in the household formerly a ward of child welfare/foster care?
History with Juvenile Justice	<b>15.</b> Were any adults in the household formerly a ward of the juvenile justice system?
Level of Education	<b>16.</b> Did any adult in the household graduate high school or receive their GED?
<b>EXPERIENCES IMPACTING WELL- BEING (Low Weight)</b>	
Fleeing DV	<b>17.</b> Are you/ your household currently fleeing or attempting to flee domestic violence?
History of Abuse	<b>18.</b> Before becoming homeless, did anyone in your household experience: physical or sexual violence, threats, exploitation, or other abuse?
Homelessness & Abuse	<b>19.</b> Since becoming homeless, have you or anyone in your household experienced: physical or sexual violence, threats, exploitation, or other abuse?