

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

HISTORY OF HOUSING AND HOMELESSNESS (Medium Weight)	
Episodes of Homelessness	1. 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"> <input type="radio"/> 1 time <input type="radio"/> 2 times <input type="radio"/> 3 times <input type="radio"/> 4 or more times
Total Time Homeless	2. Total number of months your household has been homeless in the past three years: <ul style="list-style-type: none"> <input type="radio"/> One month (this time is the first month) <input type="radio"/> Two months <input type="radio"/> Three months <input type="radio"/> Four months <input type="radio"/> Five months <input type="radio"/> Six months <input type="radio"/> Seven months <input type="radio"/> Eight months <input type="radio"/> Nine months <input type="radio"/> Ten months <input type="radio"/> Eleven months <input type="radio"/> Twelve months <input type="radio"/> More than 12 months
Lack of Rental History	3. Has any adult in your household ever been on a lease for housing?
Negative Rental History	3b. <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"> <input type="radio"/> Have outstanding rental debt or utility debt <input type="radio"/> Have been formally evicted <input type="radio"/> Have broken lease agreements <input type="radio"/> None of these apply
Housing Loss Due to Gender, Cultural, Religious, or Sexual Identity	4. 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?
INCOME & EMPLOYMENT (Medium Weight)	
Income Sources/Zero Income	5. Which option best describes your household’s current income status? <ul style="list-style-type: none"> <input type="radio"/> Household has no current income <input type="radio"/> Household has a fixed income (ex., SSI, SSDI, Pension, Survivor Benefits, etc.) <input type="radio"/> Household has earned income <input type="radio"/> Household has both fixed and earned income
	5b. <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"> <input type="radio"/> No adult household member is able to increase their income <input type="radio"/> At least one adult household member is able to increase their income

DISABILITIES & HEALTH CONDITIONS (Medium Weight)

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

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

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