

HOUSING ASSESSMENT TOOL

This tool can be used by service providers to assess the housing needs of survivors. It can be adapted to fit the organization's needs or be used in addition to the intake and discharge process.

Client Name: _____

Date of entry into current housing: _____

When does the client need to leave the current housing (if applicable)? _____

Current Living Situation

- 1) The client is currently living:
 - With a family member (does not pay rent)
 - With a friend (does not pay rent)
 - With a host family (does not pay rent)
 - Foster home
 - Independently living alone (pays rent)
 - Independently living with friends/roommates (pays rent)
 - Independently living with family (pays rent)
 - Owns home
 - Subsidized housing program (program pays rent): _____
 - Human trafficking shelter: _____
 - Homeless shelter: _____
 - Domestic violence shelter: _____
 - Street/Homeless/Couch surfing
 - Other: _____

- 2) How does the client feel about their current living situation? (select all that apply).
 - Safe
 - Unsafe
 - Scared
 - Isolated
 - Happy
 - Neutral
 - Other: _____

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- 3) Does the client want to stay where they are living in the long-term?
- Yes
 - No
 - Unsure

Housing Preferences

- 1) What is the client's ideal living situation?
- _____
- _____
- _____
- 2) What is the client's desired housing location? (e.g., near work, a specific neighborhood, or accessible through public transportation).
- _____

Family Members Residing with the Client

- 1) Number of family members residing with the client (now or working toward reunification):
- _____
- 2) Age, gender, and specific needs or accommodations of all family members residing with the client:
- _____
- _____
- 3) Does the client have any pets?
- Yes: _____
 - No

Safety

- 1) Are there any safety concerns that need to be addressed?
- _____
- _____
- _____
- 2) Has safety planning been completed?
- Yes
 - No

Accommodations

- 1) Does the client have a service animal?
- Yes
 - No

Notes: _____

- 2) Are there any accommodations needed? For example, wheelchair accessibility, religious practices, restrictions on moving (due to custody agreement, registered sex offender, etc.).
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Financial Resources and Employment

- 1) Does the client have financial resources available for housing?

- Yes
 No

- 2) How much is the client able to pay per month for rent? _____

- 3) Is the client working/able to work?

- Yes
 No

- 4) If yes, does the client work full-time or part-time?
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Referrals

Based on the needs and housing goals stated by the client, identify potential housing referrals that can be explored with the client. For more information about types of housing refer to Freedom Network's Housing Options for Survivors of Human Trafficking fact sheet.

- 1) Emergency Housing:

- Which shelters are available and fit the client's needs?
- If shelters are not available, are there community programs that offer hotel stays?

- 2) Transitional Housing:

- Check with your local community partners to see which transitional housing programs are available that could support the client.

- 3) Rental Assistance

- Does your program have the ability to provide rental assistance?
- Local homeless programs may provide rental assistance through their Rapid Rehousing program.
- Connect with your local [Continuum of Care](#) to learn about programs that provide rental assistance to persons experiencing homelessness. Find your local Continuum of Care at resources.hud.gov.