Homeless Operations Management and Evaluation System (HOMES)
Homeless Services Assessment Form

Shaded items show elements that are collected elsewhere in HOMES

VA staff member completing assessment (*first and last name*) …..... _____

VA Site code (*3-digit VAMC code plus 2-digit suffix, if any*) ……. ___ ___ ___ ___ ___

Date of assessment (*mm/dd/yy*) ….……..……...…... _____/_____/ ___ ___

Lead Case Manager ……..…… _____

Primary VAMC ……..……..…… _____

Secondary VAMC ……..…… _____

I. VETERAN IDENTIFICATION

1. Veteran's name: ..... _____

2. Social Securitv number: ...……..……. - -

4. Sex: ……...……..……... 1. Male 2. Female

II. PRE-ENGAGEMENT SCREENING

May the Pre-engagement Screening be skipped? If yes, skip to item 6.

drop-down list]
0. No 1. Yes

5. Does the Veteran want assistance with any of the following areas?

[*answer the category as "yes" if the Veteran answers "yes" to any of the informal probe questions*]

a. Housing – [drop down list]

Examples:
Are you currently homeless?
Are you currently living with a family member or friend until you can afford or find a place of your own?
Have you received an eviction notice or request to leave your current housing?

1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

b. Financial Hardship – [drop down list]

Examples
Do you need basic assistance like food and clothing?
Are you unable to pay your bills?
Do you need assistance with claims for disability benefits?
Are you unemployed?

1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

c. Legal - *[drop down list]*

Examples
Do you need help with a legal problem, such as civil, criminal child support and\or custody, suspended driver license, probation or parole issues?

1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

Access to Healthcare –	[drop down list]
Examples *Are you in need of immediate medical attention or need a referral for a medical appointment?* *Do you want VA healthcare but are currently not enrolled for it?*	No Yes Veteran declined to answer Interviewer omitted item
Mental Health Concerns and Substance Abuse –	[drop down list]
Examples *Do you often feel anxious or depressed?* *Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?*	No Yes Veteran declined to answer Interviewer omitted item
Self Endangerment –	[drop down list]
Examples *Do you currently have thoughts of hurting yourself in some way?*	No Yes Veteran declined to answer Interviewer omitted item
Civilian Adjustment -	[drop down list]
Examples *Are you having difficulty adjusting to civilian life since being discharged from military service?*	No Yes Veteran declined to answer Interviewer omitted item

6. Will the assessment interview be completed? [drop down]
   If yes, skip to item 7
   1. No
   2. Yes

   a If no, please indicate main reason [drop down list]

   1. Veteran will not consent to interview
   2. Veteran is not interested in any services
   3. Veteran is not in need of homeless program services

b. If no, are immediate Non-VA homeless services required? [drop down]
   If no, skip to 6d
   1. No
   2. Yes

c. If yes, which Non-VA homeless service is required?

1. Non-VA Emergency Room (medical or psychiatric) [drop down]
   1. No
   2. Yes
3. Non-VA detoxification services [drop down]
   1. No
   2. Yes
4. Non-VA mental health or substance abuse services [drop down]
   1. No
   2. Yes
5. Non-VA medical services [drop down]
   1. No
   2. Yes
6. Non-VA social vocational assistance [drop down]
   1. No
   2. Yes

7. Non-VA housing [drop down]
   1. No
   2. Yes
8. Non-VA Income Resources [drop down]
   1. No
   2. Yes
9. Other (specify): ___ [drop down]
   1. No
   2. Yes

d. May we contact you at a later date? [drop down list]
   1. No
   2. Yes, in 1 month
   3. Yes, in 6 months
   4. Yes, in 1 year
   98. Veteran declined to answer
   99. Interviewer omitted item

III. ASSESSMENT INTERVIEW

7. What race do you most strongly identify with:
   1. American Indian or Alaskan
   Asian
   Black or African American
   Native Hawaiian or Other Pacific Islander
   5. White
   6. Don't know
   Veteran declined to answer
   Interviewer omitted item

8. What ethnicity do you most strongly identify with:
   0. Non-Hispanic/Non-Latino
   Hispanic/Latino
   Don't know
   98. Veteran declined to answer
   99. Interviewer omitted item

9. What is your current marital status? (*choose most recent marital status)*[drop down list]
   1. Married
   2. Remarried
   3. Widowed
   4. Separated
   5. Divorced
   6. Never married
   7. Committed relationship/partnered
   98. Veteran declined to answer
   99. Interviewer omitted item

10. How many children under the age of 18 do you have? Include biological children, adopted children, stepchildren, and foster children *(If no children, code 0; if Veteran refused or interviewer omitted, code N)*

    a. How many of them are in your <u>legal custody</u> (*full or joint custody*)? ____ ____

11. How many <u>full</u> years of formal education do you have? *(if refused to answer code N)* ____ ____

    Guidelines: Use the following to help determine number of completed years. If any years of graduate or professional education have been completed, enter 20 years).

<u>Elementary-Middle-High School</u>	*<u>Junior/Comm/4-year College</u>*	*<u>Grad/Professional</u>*
1- 2- 3- 4- 5- 6- 7- 8- 9- 10- 11- 12	*13- 14- 15 -16*	*Enter 20*

IV. MILITARY HISTORY

12. Identify the years in which you entered and separated from military service (*favor the <u>longest</u> period of time served; if equal time in two separate episodes, favor a combat era over a non-combat era*). [Code N if unknown]

    a. What year did you enter military service? __ __ ____
    b. What year did you separate from military service? __ __ ____

13. In which branch of the military did you serve the longest? [drop down list]

1. Army	4. Air Force	98. Veteran declined to answer
2. Navy	5. Coast Guard	99. Interviewer Omitted Item
3. Marines		

14. In which component of the military did you serve the longest? [drop down list]

1. Active Duty (Regular)	3. Reserves	99. Interviewer Omitted Item
2. National Guard	98. Veteran declined to answer	

15. What was the rank status of your longest military service? [drop down list]
1. Enlisted
2. Warrant Officer
3. Commissioned Officer
98. Veteran declined to answer
99. Interviewer omitted item

16. What was the highest rank you achieved during your military tour(s) of duty?
[E-rating of 1-9 for enlisted; W-rating of 1-5 for Warrant Officer; C-rating of 1-10 for Commissioned Officer; enter N if unknown or Veteran declined to answer] _____
See Veteran table of Equivalent Military ranks

17. Are you currently serving in the military on active duty or active in the Reserves or National Guard? [drop down list]

0. No	2. Active in Reserves	98. Veteran declined to answer
1. Active duty in military	3. Active in National Guard	99. Interviewer Omitted Item

18. Did you serve in the theatre of operations for any of the following military conflicts?
This item asks about service within the geographic proximity of the military conflict, not participation in combat.

a. World War II	No (default) Yes Veteran declined to answer Interviewer omitted item
b. Korean War	No (default) Yes Veteran declined to answer Interviewer omitted item
c. Vietnam War	No (default) Yes Veteran declined to answer Interviewer omitted item
d. Persian Gulf War (Operation Desert Storm)	No (default) Yes Veteran declined to answer Interviewer omitted item
e. Afghanistan (Operation Enduring Freedom)	No (default) Yes Veteran declined to answer Interviewer omitted item
f. Iraq (Operation Iraqi Freedom)	No (default) Yes Veteran declined to answer Interviewer omitted item
g. Iraq (Operation New Dawn)	No (default) Yes Veteran declined to answer Interviewer omitted item
h. Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	No (default) Yes Veteran declined to answer Interviewer omitted item

19. Did you ever receive hostile or friendly fire in a combat zone? [drop down list]
1. No
2. Yes

98. Veteran declined to answer
99. Interviewer omitted item

V. LIVING SITUATION

20. During the past 30 days (1 month), how many days did you sleep in the following kinds of places? *Please make sure that responses to 20 a-t add up to 30 days*

Select if Veteran declined to answer or interviewer omitted item [drop down list] (Default is blank)

98. Veteran declined to answer
99. nterviewer omitted item

If Veteran declined or interviewer omitted item, skip to item 21. **(Default is 0)**

a. Housing owned by Veteran, no ongoing housing subsidy	
b. Housing owned by Veteran, with ongoing housing subsidy	
c. Housing rented by Veteran, no ongoing housing subsidy	
d. Housing rented by Veteran with HUD-VASH voucher	
e. Housing rented by Veteran with non-HUD-VASH housing subsidy	
f. Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO MOD Rehab)	
g. Staying or living in family member's room, apartment or house	
h. Staying or living in a friend's room, apartment or house	
i. GPD transitional housing	
j. Non-VA transitional housing for homeless persons	
k. Safe Haven (special transitional supportive housing or drop-in supportive service center for homeless SMI individuals)	
l. VA MH RRTP [all types: DCHV, CWT/TR, SA RRTP, PTSD RRTP, General RRTP]	
m. VA contracted residential treatment programs *(ATU-HWH or HCHV contract)*	
n. Non-VA residential treatment program	
o. Non-psychiatric hospital (acute care)	
p. Psychiatric hospital (acute care)	
q. Hotel or motel paid for without emergency shelter voucher	
r. Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
s. Prison, jail	
t. Place not meant for habitation (outdoors, automobile, truck, boat)	
Total Days [calculated sum of 20 a-t]	

21. In which one of the above locations did you sleep last night? (*Code a-t)* ____

Code "98" if Veteran declined to answer. Code 99" if interviewer omitted item.

22. What is the zip code of that location? *Code N in 1st space if unknown*. ____ ____ ____ ____ ____

23. Are you living with others at that location? 0= No 1=Yes 98=Veteran declined to answer 99=Interviewer omitted item

If yes, does the household include:

23a. spouse / significant other? [drop down list] 0= No 1=Yes

23b. children under 18 (list number)? ____ ____

23c. related adults (list number)? ____ ____

23d. unrelated adults (list number)? ____ ____

Housing stability:
How would you describe your current housing situation?

24.

1. Literally homeless
2. Imminent risk of losing housing
3. Unstably housed/at risk of losing housing
4. Stably housed
5. Don't know
98. Veteran declined to answer
99. Interviewer omitted item

If item 24=literally homeless, answer item 25; otherwise skip to item 26.

25. How long have you been homeless? *Time homeless is amount of time since client had an apartment, room or house to stay in for 30 days or more minus time spent in institutional settings like hospitals or jail/prison during this time.* [drop down list]

1. At least one night but less than one month
2. At least one month but less than 6 months
3. At least 6 months but less than 1 year
4. At least one year but less than 2 years
5. Two years or more
6. Unknown
98. Veteran declined to answer
99. Interviewer omitted item

26. How many separate episodes of homelessness have you experienced in the last three years? *Include current episode of homelessness.* [drop down list]

0
1
2
3
4
5 or more
98. Veteran declined to answer
99. Interviewer omitted item

27. What is the total amount of time, if any, that you have spent in jail or prison during your lifetime? [drop down list]

0. None
1. Less than 1 month
2. Between 1 month and 1 year
3. More than 1 year
98. Veteran declined to answer
99. Interviewer omitted item

VI. EMPLOYMENT AND INCOME

28. Which best describes your employment pattern in the last 3 years? [drop down list]

1. Full time (40 hrs/wk)
2. Full time (irregular)
3. Part time (regular hours)
4. Part time (irregular day work)
5. VA CWT or other vocational training program
6. Student
6. Military Service
7. Retired / disability
8. Unemployed
9. Controlled environment (e.g., hospital, prison)
98. Veteran declined to answer
99. Interviewer omitted item

29. How many days did you work for pay in the past 30 days? *Count participation in CWT/SE as days worked.* **If none, enter 0; If Veteran declined to answer, code N.** ____ ____

30. Did you receive any money in the past 30 days? [drop down list]
1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If 30=no, veteran declined to answer or interviewer omitted item, skip to item 31

If yes, list amount in each category

Please round to whole dollar amounts and note comma placement (eg., $452.76 should be entered as $_ _,453.00

	Default to 0
a. Employment (include CWT/SE)	**$** _____,_____. **0 0**
b. Compensation for service connected psychiatric condition	**$** _____,_____. **0 0**
c. Compensation for other service connected condition	**$** _____,_____. **0 0**
d. Non-service connected pension	**$** _____,_____. **0 0**

e. Retirement income from Social Security	**$ _____,_____. 0 0**
f. Pension from a former job	**$ _____,_____. 0 0**
g. Supplemental Security Income (SSI)	**$ _____,_____. 0 0**
h. Social Security Disability Income (SSDI)	**$ _____,_____. 0 0**
i. Private disability insurance	**$ _____,_____. 0 0**
j. Worker's compensation	**$ _____,_____. 0 0**
k. Unemployment insurance	**$ _____,_____. 0 0**
l. Temporary Assistance for Needy Families (TANF) or similar local program	**$ _____,_____. 0 0**
m. General Assistance (GA) or similar local program	**$ _____,_____. 0 0**
n. Child support	**$ _____,_____. 0 0**
o. Alimony or other spousal support	**$ _____,_____. 0 0**
p. All other sources (do not include food stamps)	**$ _____,_____. 0 0**
Total Amount	**[calculated sum of 30 a-p]**

31. Did you receive any non-cash benefits in the past 30 days?

[drop down list]
1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If 31=no, veteran declined to answer or interviewer omitted item, skip to item 32

If yes, select each category

[drop down list]

a. Medicaid health insurance program or similar local program	0= No (default) 1=Yes
b. Medicare health insurance program or similar local program	0= No (default) 1=Yes
c. Temporary Rental Assistance	0= No (default) 1=Yes
d. Homeless Prevention and Rapid Re-housing Program (HPRP) Funds	0= No (default) 1=Yes
e. Veteran Service Organizations	0= No (default) 1=Yes
f. State Children's Health Insurance Program or similar local program	0= No (default) 1=Yes
g. Supplemental Nutrition Assistance Program (SNAP) or Food Stamps	0= No (default) 1=Yes
h. Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	0= No (default) 1=Yes
i. Temporary Assistance for Needy Families (TANF) or similar local program Child Care Services	0= No (default) 1=Yes
j. Temporary Assistance for Needy Families (TANF) or similar local program Transportation Services	0= No (default) 1=Yes
k. Other TANF-funded services	0= No (default) 1=Yes
l. Bus, subway, train or cab voucher	0= No (default) 1=Yes
m. Other	0= No (default) 1=Yes

32. Do you have any significant outstanding debts?

[drop down list]
[default is blank]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

If 32=no, veteran declined to answer or interviewer omitted item, skip to item 33

If yes, please specify debt sources…

a. housing loans	0 = No (default) 1=Yes
b. student loans	0 = No (default) 1=Yes
c. other loans (personal, auto, etc)	0 = No (default) 1=Yes
d. credit card debt	0 = No (default) 1=Yes
e. child support	0 = No (default) 1=Yes
f. alimony	0 = No (default) 1=Yes
g. medical expenses (self or dependents)	0 = No (default) 1=Yes
h. fines or other legal obligations	0 = No (default) 1=Yes
i. outstanding tax bills	0 = No (default) 1=Yes
j. other (specify)	0 = No (default) 1=Yes

33. Do you currently have a representative payee or fiduciary?

[drop down list]
0. No
1. Yes
98. Veteran declined to answer
99. Interviewer omitted item

VII. CLINICAL STATUS

34. In the past 30 days, would you say your physical health has been… [drop down list]
1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
98. Veteran declined to answer
99. Interviewer omitted item

35. How would you describe the health of your teeth and gums? [drop down list]
1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
98. Veteran declined to answer
99. Interviewer omitted item

36. Has a doctor or nurse ever told you that you have any of the following medical conditions?

a. HIV/AIDS	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
b. Hepatitis C	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
c. Tuberculosis (TB) or positive PPD	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
d. Chronic Obstructive Pulmonary Disease (COPD)	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
e. Heart disease	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
f. Stroke	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
g. Diabetes	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
h. Seizures	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
i. Chronic Pain	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item
j. Other (specify)	0 = No (default), 1=Yes, 98. Veteran declined to answer, 99. Interviewer omitted item

37. Do you use tobacco products? [drop down list]
[default to "select"]
1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

38. In the past 30 days, **how many days** did you drink ANY alcohol? [*code N if Veteran declined or interviewer omitted*] _____ _____

39. In the past 30 days, **how many days** did you have at least 5 drinks (if you are a man) or at least 4 drinks (if you are a woman)? [One drink is considered one shot of hard liquor (1.5oz) or 12-ounce can/bottle of beer or 5 ounce glass of wine]
[*code N if Veteran declined or interviewer omitted*] _____ _____

40. In the past 30 days, **how many days** did you use any illegal/street drugs or abuse any prescription medications?
[*code N if Veteran declined or interviewer omitted*] _____ _____

Examples: marijuana; heroin or methadone; barbiturates (downers); cocaine or crack; amphetamines (speed); hallucinogens, like acid; or inhalants, like glue, paint or nitrous oxide

41. In the past 30 days, how much were you bothered by cravings or urges to drink alcohol or use drugs? [drop down list]
1. Not at all
2. Slightly
3. Moderately
4. Considerably
5. Extremely
98. Veteran declined to answer
99. Interviewer omitted item

42. Have you ever received professional treatment for alcohol or other substance use disorder? [drop down list]
1. No
2. Yes
98. Veteran declined to answer
99. Interviewer omitted item

43. Have you ever been hospitalized for a psychiatric problem? *(do not include residential treatment or hospitalization for a substance use problem)* [drop down list]
0=No
1=Yes
98=Veteran declined to answer
99=Interviewer omitted item

[END OF INTERVIEW QUESTIONS]

VIII. CLINICAL IMPRESSIONS

44. Which of the following treatment concerns apply to this Veteran?

a. Alcohol use disorder	0. No (default) 1. Yes
b. Drug use disorder	0. No (default) 1. Yes
c. Gambling problem or pathological gambling	0. No (default) 1. Yes
d. Schizophrenia	0. No (default) 1. Yes
e. Other psychotic disorder	0. No (default) 1. Yes
f. Bipolar disorder	0. No (default) 1. Yes
g. Military related PTSD	0. No (default) 1. Yes
h. Non-Military related PTSD	0. No (default) 1. Yes
i. Anxiety disorder	0. No (default) 1. Yes
j. Affective disorder *(including depression)*	0. No (default) 1. Yes
k. Adjustment disorder	0. No (default) 1. Yes

l. Nicotine dependence	0. No (default) 1. Yes
m. Organic brain syndrome	0. No (default) 1. Yes
n. Personality disorder	0. No (default) 1. Yes
o. Other psychiatric disorder	0. No (default) 1. Yes

45a. Does this Veteran need psychiatric treatment at this time? [drop down list]
0= No
1=Yes

45b. Is the Veteran interested and willing to participate in psychiatric treatment? [drop down list]
0= No
1=Yes
2=Don't know

46a. Does this Veteran need substance abuse treatment at this time? [drop down list]
0= No
1=Yes

46b. Is the Veteran interested and willing to participate in substance abuse treatment? [drop down list]
0= No
1=Yes
2=Don't know

47a. Does this Veteran need medical treatment at this time? [drop down list]
0= No
1=Yes

47b. Is the Veteran interested and willing to participate in medical treatment? [drop down list]
0= No
1=Yes
2=Don't know

48a. Does this Veteran need case management? [drop down list]
0= No
1=Yes

48b. Is the Veteran interested and willing to participate in case management treatment? [drop down list]
0= No
1=Yes
2=Don't know

49a. Does the Veteran need assistance with family problems? [drop down list]
0= No
1=Yes

49b. Is the Veteran interested and willing to participate in treatment for family problems? [drop down list]
0= No
1=Yes
2=Don't know

50. Is this Veteran a danger to self or others? [drop down list]
0= No
1=Yes

51. Is this Veteran in danger from others (e.g., gang violence, fleeing domestic violence)? [drop down list]
0= No
1=Yes

IX. INTERVIEWER INFORMATION

52. Main program affiliation of interviewer [drop down list]

1. HUD-VA Supported Housing (HUD-VASH)
2. Healthcare for Homeless Veterans (HCHV)
3. Grant and Per Diem (GPD)

4. VA MH RRTP *[Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP]*
5. Healthcare for Re-entry Veterans (HCRV)
6. Veterans Justice Outreach (VJO)
7. Other VA affiliation _____

53. How was contact for this interview initiated? [drop down list]:

By VA:

1. Street outreach initiated by VA staff
2. Justice System outreach initiated by VA staff
3. Other community outreach by VA staff
4. Contacted at Stand Down
5. Referral from VA MH RRTP *[Includes all types - DCHV, CWT/TR, SA RRTP; PTSD RRTP; General RRTP]*
6. Referral from VA mental health outpatient unit
7. Referral from VA substance abuse outpatient unit
8. Referral from VA medical outpatient unit
9. Referral from VA Emergency Room
10. Referral from VA inpatient unit
11. Referral from Vet Center
12. Referral from VBA
13. Referral from VA Homeless Veterans Hotline (1-877-424-3838)

By non-VA:

14. Street outreach by non-VA staff
15. Referral by shelter staff or other community homeless services provider
16. Referral from VA Grant and Per Diem
17. Referral from Non-VA Emergency Room
18. Referral from Non-VA Community Mental Health Center or clinic
19. Referral from other Federal Agency (HUD, Dept. of Labor, HHS)

By Criminal Justice System:

20. Referred by jail or prison staff
21. Referred by law enforcement official
22. Referred by Court (judge or District Attorney)
23. Referred by an attorney (e.g., public defender or defense attorney)
24. Referred by probation/parole officer

By family, self or other:

25. Referred by family member
26. Self referred
27. Other (please specify) _____

99. Interviewer omitted item