San Francisco ONE System:
Adult/Youth Primary CE Assessment

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

ASSESSMENT DATE *[All Clients]*

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Month **Day** **Year**

ASSESSMENT TYPE

○	Phone	○	Virtual	○	In Person

ASSESSMENT LEVEL

○	Crisis Needs Assessment	○	Housing Needs Assessment

Please confirm the client's Date of Birth in their Profile at this time as it could affect their assessment score

1) Where did you stay last night? (Living situation, not geography)

○	Place not meant for human habitation	○	Foster care home or foster care group home
○	Emergency shelter or safe haven	○	Hotel or motel paid for without emergency shelter voucher
○	Exiting institution (see SF homeless definition)	○	Any other location
○	Interim Housing	○	

1a) Have you resided in a shelter, safe haven, or place not meant for human habitation for the last 12 consecutive months?

(Conditional – only ask if response to previous question is Emergency shelter or safe haven or Place not meant for human habitation**)**

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

1a) How long were you in the institution you are exiting?
(Conditional – Only ask if response to question 1 is Exiting Institution)

○	Less than 90 days	○	More than 10 years
○	90 days or more, but less than one year	○	Client doesn't know

○	One year or more, but less than two years	○	Client refused
○	Two years or more, but less than five years	○	Data not collected
○	Five years or more, but less than ten years		

1b) Where did you stay before entering the institution?

(Conditional – Only ask if response to question 1 is Exiting Institution)

○	Place not meant for human habitation	○	A different institution
○	Emergency shelter or safe haven	○	Any other location

1c) Were you staying in a shelter, safe haven, or place not meant for human habitation for the previous 12 consecutive months before entering an institution?

(Conditional – Only ask if response to Question 1b is Place not meant for human habitation or emergency shelter**)**

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

2) In the place you are staying, are you experiencing physical or sexual violence?

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

3) How long have you been homeless this time?

○	Less than one year	○	15 years or more
○	One year or more, but less than two years	○	Client doesn't know
○	Two years or more, but less than five years	○	Client refused
○	Five years or more, but less than ten years	○	Data not collected
○	Ten years or more, but less than fifteen years		

4) Have you resided in a shelter, safe haven, or place not meant for human habitation for more than 12 months over the last 3 years (Does not need to be consecutive)?

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

5) How long in total have you lived in an emergency shelter or place not meant for people to sleep, including today? (Over lifetime)

○	Less than one year	○	More than 15 years
○	One year or more, but less than two years	○	Client doesn't know
○	Two years or more, but less than five years	○	Client refused
○	Five years or more, but less than ten years	○	Data not collected
○	Ten years or more, but less than fifteen years		

6) How many times in the past three years have you lived in a shelter, outdoors, in a vehicle, or other place not meant for people to live? (each break in homelessness has to span at least 7 consecutive nights)

○	Zero times	○	Four or more times
○	One time	○	Client doesn't know
○	Two times	○	Client refused
○	Three times	○	Data not collected

7) How old were you when you first experienced homelessness (living in shelter, outdoors, in a vehicle or other place not meant for people to live)?

○	Less than 14	○	Client doesn't know
○	14 to 17	○	Client refused
○	18 to 24	○	Data not collected
○	Over age 24		

8) Do you have one of the following disabling conditions, or been told you have one of the following by a healthcare provider: Physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, substance abuse?

○	No	○	Client doesn't know
○	Yes	○	Client refused

		○	Data not collected

8a) How many disabling conditions do you have?

(Conditional – Only ask if response to question 8 is Yes**)**

○	0	○	Client doesn't know
○	1	○	Client refused
○	2	○	Data not collected
○	3 or more		

8b) What disabling condition(s) do you have? You may list more than one.

(Conditional – Only ask if response to question 8 is Yes**)**

○	Physical disability?	○	HIV/AIDS?
○	Developmental disability?	○	Mental health problem?
○	Chronic health condition?	○	Substance abuse?

9) Do you have any challenges that cause you to need help with daily activities or help with maintaining housing (e.g. a serious medical condition, mental health disorder, substance use disorder, other issue)?

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

10) How many times have you used crisis services in the past year (for example, mental health crisis services, hospital, detox, suicide prevention hotline)?

○	0/None	○	Client doesn't know
○	1-5 times	○	Client refused
○	6-10 times	○	Data not collected
○	More than 10 times		

11) In the past five years, how many times have you been arrested by a police officer? This can include being arrested and going to jail, or just being arrested then released.

o	0/None	o	Client doesn't know
o	1-4 times	o	Client refused
o	5 or more times	o	Data not collected

12) How frequently have you experienced violence or felt you were in danger from other people since you have been living outside or in shelter?

o	Never	o	A few times a year
o	Daily	o	Client doesn't know
o	Weekly	o	Client refused
o	Monthly	o	Data not collected

13) Considering all sources of income, what is your total monthly income? (including all forms of cash income)

o	
Clients total monthly income is:	
o	Less than 10% AMI
o	Between 10% and 20% AMI
o	Greater than 20% AMI

** AMI data is based on current HUD Metro Fair Market Rent Area (HMFA) that contains San Francisco **

14) Are you pregnant?

o	No	o	Client doesn't know
o	Yes	o	Client refused
If yes, when is the due date?		o	Data not collected

15) 18-24 YEAR OLDS ONLY: In the last 12 months have you traded sex for a place to stay? (Do not ask of adults 25+, leave question blank)

o	No	o	Client doesn't know
o	Yes	o	Client refused

		o	Data not collected

16) 18-24 YEAR OLDS ONLY: Are you currently in foster care in San Francisco or were you ever in foster care in San Francisco? (Do not ask of adults 25+, leave question blank)

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected

17) BASED ON INTERVIEWER'S OBSERVATION: Does the client demonstrate significant functional impairment (e.g. due to active substance use, mental health or health condition)?

o	No	o	Client doesn't know
o	Yes	o	Client refused
		o	Data not collected