

CE Barriers Assessment

Date: ____ / ____ / ____
 MM DD YYYY

Time: _____ : _____ AM/PM

Interviewer

Name: _____

Agency: _____

Email: _____

Phone: _____

Participant

Name: _____

Safe method of contact: Phone Text Voicemail Email

Phone: _____

Email: _____

Barriers Assessment Questions

Score

| | |
|--|--|
| <p>1a. Have you or anyone in your household been impacted by or discriminated against due to racial or ethnic bias? <input type="checkbox"/> Yes = 3 <input type="checkbox"/> No = 0</p> | |
| <p>1b. Have you or anyone in your household been impacted by or discriminated against due to gender identity or sexual orientation? <input type="checkbox"/> Yes = 3 <input type="checkbox"/> No = 0</p> | |
| <p>2. How many times have you or anyone in your household been arrested, cited, or been in jail/prison/juvenile detention? <input type="checkbox"/> None = 0 <input type="checkbox"/> 1-3 times = 1 <input type="checkbox"/> 4-6 times = 2 <input type="checkbox"/> 7 or more times = 3</p> | |
| <p>3a. Do you or anyone in your household have any past or current financial legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: rental arrears, eviction, past due child support, SSI/SSDI over-payment, bankruptcy, etc.) <input type="checkbox"/> Yes = 2 <input type="checkbox"/> No = 0</p> | |
| <p>3b. Do you or anyone in your household have any past or current family legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: custody and placement, separation, divorce, paternity) <input type="checkbox"/> Yes = 2 <input type="checkbox"/> No = 0</p> | |

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| <p>4. How many times have you or anyone in your household been the victim of a crime in the past <u>year</u>? (Examples: felony, assault, battery, theft, sexual assault, domestic violence, human trafficking, or restraining order against someone, etc.)</p> <p><input type="checkbox"/> None = 0 <input type="checkbox"/> 1-2 times = 1 <input type="checkbox"/> 3-4 times = 2 <input type="checkbox"/> 5 or more times = 3</p> | |
| <p>5. Have you or anyone in your household had a consistent source of income for at least the last 6 months? <input type="checkbox"/> Yes = 0 <input type="checkbox"/> No = 3</p> | |
| <p>6. Have you or anyone in your household experienced any form of domestic, sexual violence, and/or trafficking in the past year? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p><i>If yes, answer the questions below:</i></p> | |
| <p>a. Has someone asked (or forced) you or anyone in your household to have sex or sell anything in exchange for something? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p>b. Is someone threatening to harm you, anyone in your household, or your family if you don't do what they ask? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p>c. Does this person have access to a weapon? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p>d. Has this person ever threatened to kill you, anyone in your household, another loved one, pets, or themselves? <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p>e. Has this person ever caused you or anyone in your household bodily harm? (Examples: strangulation, head injury, stabbing, sexual assault, etc.) <input type="checkbox"/> Yes = 1 <input type="checkbox"/> No = 0</p> | |
| <p>Total Score</p> | |

This assessment can be completed directly in HMIS or Non-HMIS. If it is done on paper, it must be entered into HMIS or Non-HMIS within 5 business days.