

First Avenues Housing Assessment Matrix (Ham)



Household Name: _____

INSTRUCTIONS: Complete the HAM Tool using information you have obtained from your initial consultation with the household/individual. This tool is designed to accomplish three tasks:

1. Screen to determine if a household/individuals meet basic eligibility requirements for 7 common housing types
2. Assess for the most appropriate housing type
3. Determine the most appropriate level of assistance for the household/individuals' long-term housing stability

The HAM tool is intended to help guide the household towards the most appropriate housing type(s) for their long-term housing stability. The purpose is not to identify just one housing type for the household, but to rank all housing options from most appropriate to least. The housing matrix takes each household through these indicators and, for each situation that applies to the household, we assign a positive value to one or more of the housing types as directed by the matrix. The points for each housing type are added up, and the total score for each housing type indicates how appropriate this type is for the household, the largest number being the most appropriate, smallest number the least appropriate.

SECTION 1 Eligibility Screening: If a household members response to an eligibility question corresponds with a "STOP" in a housing type column, that column should be eliminated from consideration for the rest of the Assessment. These questions are based on the eligibility criteria of the housing or rental assistance provider.

| HOUSING ELIGIBILITY CRITERIA | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|--------------------------|-----------------|
| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing | | |
| Household consists of at least one adult (18 and over) with at least one minor child in custody? | | | | | | | | | |
| <input type="checkbox"/> YES | | | | | | | | | |
| <input type="checkbox"/> NO | | STOP | STOP | STOP | | | | STOP | |
| Household income does not exceed 30% of SF 2009 Area Median Income (AMI) | | | | | | | | | |
| <input type="checkbox"/> False Statement (Above 30% AMI) | | STOP | STOP | | | | | | |
| <input type="checkbox"/> True Statement (Below 30% AMI) | | | | | | | | | |
| Household income does not exceed 50% of SF 2009 Area Median Income (AMI) See Chart Below | | | | | | | | | |
| <input type="checkbox"/> False Statement (Above 50% AMI) | | | | | | | | STOP | |
| <input type="checkbox"/> True Statement (Below 50% AMI) | | | | | | | | | |
| 2009 San Francisco AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person | 9 Person |
| 30% of Median | \$20,350 | \$23,250 | \$26,150 | \$29,050 | \$31,350 | \$33,700 | \$36,000 | \$38,350 | \$39,500 |
| 40% of Median | \$27,100 | \$31,000 | \$334,850 | \$38,700 | \$41,800 | \$44,900 | \$48,000 | \$51,100 | \$52,650 |
| 50% of Median | \$33,900 | \$38,750 | \$43,550 | \$48,400 | \$52,300 | \$56,150 | \$60,050 | \$63,900 | \$65,850 |
| Household meets HUD's homeless definition? Check all that apply. | | | | | | | | | |
| Sleeping in an emergency shelter. | | | | | | | | <input type="checkbox"/> | |
| Sleeping in a place not meant for human habitation, including: Cars, streets, abandoned buildings, parks. | | | | | | | | <input type="checkbox"/> | |
| Staying in a hospital or institution for up to 180 days, but was staying in a shelter, or place not meant for human habitation immediately prior to entry into that institution. | | | | | | | | <input type="checkbox"/> | |
| Graduation from or timing out of a transitional housing program. | | | | | | | | <input type="checkbox"/> | |
| Victim of Domestic Violence. | | | | | | | | <input type="checkbox"/> | |
| <input type="checkbox"/> YES | | | | | | | | | |
| <input type="checkbox"/> NO (None of the above apply to client) | | | STOP | STOP | | | | | |
| Household is homeless or at-risk of losing their housing and meets both of the following circumstances: | | | | | | | | | |
| Has not identified an appropriate subsequent housing option. | | | | | | | | <input type="checkbox"/> | |
| Lacks financial resources and support networks to identify immediate housing or remain in existing housing. | | | | | | | | <input type="checkbox"/> | |
| <input type="checkbox"/> YES (meets both) | | | | | | | | | |
| <input type="checkbox"/> NO | | STOP | STOP | | | | | | |

HOUSING ELIGIBILITY CRITERIA (Continued)

| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|
| Does the household meet one of the following criteria? (check all that apply) | | | | | | | |
| Eviction from private dwelling; or | | | | | | | <input type="checkbox"/> |
| Discharge from an institution that will result in the person becoming homeless; or | | | | | | | <input type="checkbox"/> |
| Residency in housing that has been condemned and is not fit for human habitation; or | | | | | | | <input type="checkbox"/> |
| Sudden and significant loss of income; or | | | | | | | <input type="checkbox"/> |
| Mental health issues; or | | | | | | | <input type="checkbox"/> |
| Substance abuse issues; or | | | | | | | <input type="checkbox"/> |
| Physical disabilities and other chronic health issues, including HIV/AIDS; or | | | | | | | <input type="checkbox"/> |
| Homeless in last 12 months; or | | | | | | | <input type="checkbox"/> |
| Young head of household under age 25 (w/children or pregnant); or | | | | | | | <input type="checkbox"/> |
| Current or past involvement in child welfare, including foster care; or | | | | | | | <input type="checkbox"/> |
| Pending foreclosure of rental housing; or | | | | | | | <input type="checkbox"/> |
| High overcrowding; or | | | | | | | <input type="checkbox"/> |
| Past institutional care (prison, jail, treatment facility, hospital); or | | | | | | | <input type="checkbox"/> |
| Recent traumatic life event, such as death of a spouse or primary care provider, or recent health crisis that prevented the household from meeting its financial responsibility; or | | | | | | | <input type="checkbox"/> |
| Credit problems that preclude obtaining housing; or | | | | | | | <input type="checkbox"/> |
| Significant amount of debt | | | | | | | <input type="checkbox"/> |
| <input type="checkbox"/> YES (At least one) | | | | | | | |
| <input type="checkbox"/> NO (None checked) | | STOP | | | | | |

SECTION 2 Housing Barrier Assessment:

- For each Barrier Category, check one indicator (row) that most applies. (except for No. 18)
- Circle the score for the housing type in that row that the household is eligible for.
- Add up totals from each housing type column categories 1-18.

HOUSING BARRIER ASSESSMENT

| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|
| 1. History of Homelessness | | | | | | | |
| <input type="checkbox"/> First time homeless for all adults in household. | 1 | 5 | 5 | | 5 | 1 | |
| <input type="checkbox"/> Has been homeless at least 4 separate times in last 3 years. (HUD definition of episodic homelessness) | | | | 5 | 1 | 3 | 3 |
| <input type="checkbox"/> One or more adults has been homeless for one consecutive year. (HUD definition of chronic homelessness) | | | | | | | 5 |
| 2. Lease History | | | | | | | |
| <input type="checkbox"/> Primary caregiver has previously held a lease in her/his name. | 1 | 3 | 3 | | 5 | 3 | |
| <input type="checkbox"/> Primary caregiver has not previously held a lease in her/his name. | | | | 5 | | | |

HOUSING BARRIER ASSESSMENT (Continued)

| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|
| 3. History of Evictions | | | | | | | |
| <input type="checkbox"/> No adults in the household have an eviction on their record. | 3 | 5 | 5 | | 5 | | |
| <input type="checkbox"/> One or more adults in the household have ONE eviction on their record. | | | 1 | | 1 | 5 | |
| <input type="checkbox"/> One or more adults in the household have TWO OR MORE evictions on their record, OR an eviction from permanent supportive or deeply subsidized housing. | | | | | | | 5 |
| 4. Age of Primary Caregiver | | | | | | | |
| <input type="checkbox"/> Young head of household. (18-24 w/children, or pregnant) | | | 1 | 5 | | 1 | |
| <input type="checkbox"/> Head of household 25 or older. | | | | | 3 | 3 | |
| 5. Mental Health History | | | | | | | |
| <input type="checkbox"/> No mental illness history disclosed or observed. | 3 | 5 | 5 | | 1 | | |
| <input type="checkbox"/> Need for outpatient mental health services (support groups, talk therapy, medication) in past 12 months as identified by household, case manager or clinical professional or untreated mild or moderate mental health challenges. | | | | 3 | | 3 | 3 |
| <input type="checkbox"/> Need for inpatient mental health services in past 12 months as identified by household, case manager, or medical professional or untreated acute mental health challenges. | | | | 1 | | 3 | 5 |
| 6. Substance Use | | | | | | | |
| <input type="checkbox"/> No history of abuse disclosed or observed. | 3 | 5 | 5 | | 3 | 1 | |
| <input type="checkbox"/> Received substance abuse inpatient treatment, intensive outpatient treatment, or detox services in the last 12 months, and/or self-identifies as having recently used illicit drugs other than marijuana. | | | | 3 | | 3 | 3 |
| <input type="checkbox"/> One or more adults in the household has untreated substance abuse in past 12 months, as identified by household or by case manager, or a medical professional-household has not received substance abuse treatment in the past 12 months. | | | | 1 | | 3 | 5 |
| 7. Criminal Justice Barriers | | | | | | | |
| <input type="checkbox"/> No history. | 3 | 5 | 5 | | 1 | 1 | |
| <input type="checkbox"/> One or more adults in household have prior arrest(s); on probation. | | 1 | 1 | 5 | | 3 | |
| <input type="checkbox"/> One or more adults in household have been convicted of a felony; recently paroled. | | | | 3 | | 1 | 5 |
| 8. Temporary Financial Strain | | | | | | | |
| <input type="checkbox"/> The household is currently in one or more of the following situations: loss of wage due to temporary medical emergency, unexpected large expense such as a funeral or medical bills, relocation costs, temporary loss of job; work hours reduced, but readily employable. | | 5 | 1 | | 1 | | |

HOUSING BARRIER ASSESSMENT (Continued)

| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|
| 9. Recent Trauma | | | | | | | |
| <input type="checkbox"/> Household member has experienced issues related to domestic/intimate partner violence in the past 12 months. | | | | 5 | | 3 | 3 |
| <input type="checkbox"/> No history of domestic/intimate partner violence in the past 12 months. | 3 | 5 | 5 | | 1 | 1 | |
| 10. Child Welfare (Check all that apply) | | | | | | | |
| <input type="checkbox"/> No history of child welfare system involvement disclosed. | 3 | 5 | 5 | | 1 | 1 | |
| <input type="checkbox"/> Household had involvement w/child welfare in past 12 months. | | | | 5 | | 1 | 1 |
| <input type="checkbox"/> One or more adults in the household were in the foster care system at some point as a minor. | | | | 3 | | 3 | 1 |
| 11. Education Level | | | | | | | |
| <input type="checkbox"/> One or more adults in the household have greater than a High School Education (AA, BA, MA, etc.) | 3 | 5 | 5 | | 3 | 1 | |
| <input type="checkbox"/> One or more adults in the household have Vocational Certificates. | 3 | 3 | 3 | | 3 | 3 | |
| <input type="checkbox"/> One or more adults in the household have High School Diploma or equivalent. | 1 | 1 | 1 | | 1 | 3 | |
| <input type="checkbox"/> No adults in the household have a High School Diploma or equivalent. | | | | 5 | | 5 | 1 |
| 12. Work Experience | | | | | | | |
| <input type="checkbox"/> One or more adults in the household have worked 30 or more hrs/wk for at least one week in the past three years. | 3 | 1 | 1 | | 3 | | |
| <input type="checkbox"/> No adults in the household have worked 30 or more hours a hrs/wk in the past three years. (CalWorks, pg 4) | 1 | | | 1 | 3 | 5 | 5 |
| <input type="checkbox"/> One or more adults in the household are currently employed part time or participating in a paid internship and seeking full time employment. | 1 | 3 | 5 | 1 | 3 | | |
| 13. Work Inhibiting Disabilities | | | | | | | |
| <input type="checkbox"/> One or more adults in the household have been diagnosed with a physical, developmental, or cognitive disability which inhibits the client from working 20 or more hours per week. | | | | | | 3 | 5 |
| 14. Income Plan | | | | | | | |
| Household has identified and agreed to three achievable income plans to increase household income with employment, mainstream benefits or other on-going income in the following time frame: | | | | | | | |
| <input type="checkbox"/> 1-3 months | | 5 | 1 | 1 | 1 | 1 | |
| <input type="checkbox"/> 4-18 months | | | 5 | 1 | 1 | 1 | |

HOUSING BARRIER ASSESSMENT (Continued)

| | Market Rate Housing (No Subsidy) | Short-Term Rental Assistance (1-3 Months) | Medium-Term Rental Assistance (1-18 Months) | Transitional Housing Program | Affordable Housing | Deeply Subsidized (Housing Authority) | Permanent Supportive Housing |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------------|------------------------------|--------------------|------------------------------------------|------------------------------|
| 15. Family Composition (Check all that apply) | | | | | | | |
| <input type="checkbox"/> All adults have a history of living together for more than one year and all biological children under 18 live with the family. | 3 | 3 | 3 | | 3 | | |
| <input type="checkbox"/> Children or youth who are biologically or legally related to the family are currently separated from the family by CPS. The family plans to reunify with these children or youth, or family has reunified in last 6 months. | | | | 5 | | 1 | 1 |
| <input type="checkbox"/> One or more members of the household are pregnant. | | | | 3 | | 3 | |
| <input type="checkbox"/> Adults in the family are living together for the first time and/or considering separation. | | | | 3 | | 3 | |
| 16. Transportation Barriers | | | | | | | |
| <input type="checkbox"/> One or more adults in the household do not have a driver's license and/or access to a car, and/or they are limited by transportation barriers. | | | | 1 | | 1 | 1 |
| <input type="checkbox"/> Household has sufficient access to cars or public transit. | 1 | 1 | 1 | | 1 | | |
| 17. Child Care Barriers | | | | | | | |
| <input type="checkbox"/> Ineligible for childcare AND one or more adults in the household cannot work or study 30 or more hours/week because of their child(ren) need child care. | | | | 3 | | 3 | 1 |
| <input type="checkbox"/> Eligible for childcare AND one or more adults in the household cannot work or study 30 or more hours/week because of their child(ren) need child care. | | 1 | 1 | 3 | | 1 | |
| <input type="checkbox"/> Children are enrolled in school or full time childcare. | 1 | 1 | 1 | 1 | 1 | 1 | |
| 18. Income Sources (Check all that apply) | | | | | | | |
| <input type="checkbox"/> Employment | 1 | 1 | 1 | | 1 | | |
| <input type="checkbox"/> TANF/CalWorks (not sanctioned) | | 1 | 1 | | | 1 | |
| <input type="checkbox"/> TANF/CalWorks (sanctioned) | | | | 1 | | 3 | 3 |
| <input type="checkbox"/> Unemployment Benefits | | 1 | 1 | | | | |
| <input type="checkbox"/> Disability Benefits | | | | | | 1 | 1 |
| ADD UP ROWS 1-18 FOR EACH HOUSING TYPE COLUMN | | | | | | | |

This tool was developed by an experienced team of Hamilton Family Center staff. The tool applies trends in the data collected, culled, and analyzed within the Hamilton Family Center system of care, commonly held principles in human services and social welfare, and recent research relevant to the population served by Hamilton Family Center.

Factors given a score of 5 for any given housing or rental assistance type have a significant correlation with success in the associated housing type. While factors given a score of 3 for any given housing or rental assistance type have a some correlation with success and factors given a score of 1 demonstrate a mild correlation with success in the associated housing type or appear as indicators in research not directly related to homeless families. This score is used primarily to test these potential patterns.

Completed by: _____ Date of Completion: _____