

How to complete the DRH Supplemental Assessment Form

The Data Center at NCCEH

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Version 1



North Carolina Coalition to End Homelessness

securing resources

encouraging public dialogue

advocating for public policy change ¹

How to Complete the Top of the Form

This form should be completed at entry into the Back@Home program on all clients and will be utilized along with the Disaster Shelter Assessment. If the Disaster Shelter Assessment has not yet been done, complete that as well.

1 Complete the Date

2 Add where the client is currently staying

Date of Assessment: _____

Client Location: _____

HMIS #: _____

3 Complete the client's HMIS ID #

4 Add your agency name

5 Add the county the client is being housed in

Disaster Re-Housing Agency: _____

County: _____

Assessor Name: _____

6 Complete Assessor's Name

How to Complete Identification Data

1 Add Client Name

2 FEMA ID is required. Complete if not already collected

Identification Data

1. First Name

Last Name

Middle Initial

2. What is your FEMA ID number? _____

3. Relationship to Head of Household (HoH):

Self (Head of Household)

Head of Household's Child

Head of Household's Spouse or Partner

Head of Household's other relation

Other (non-relation)

4. Email Address: _____

3 Add client's relationship to the Head of Household

4 Complete Email Address

How to Complete Disabling Condition

Ask client if they have a disabling condition

1 Check client's response to disabling condition

2 Check 'Yes' or 'No' for each disability type.

Disabling Conditions

1. Does the client have a disabling condition?

Yes No Client does not know Client refused

2. Answer 'Yes' or 'No' for each disability type. *If the client selects 'Yes' for any disability type, you must also complete the shaded sections below. Disability Determination confirms the client's response and does not require documentation.*

Disability Type	Yes	No	Disability Determination	Expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?
Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Both Drug and Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused
Mental Health Problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused

3 For any disability type checked 'Yes' complete disability determination and duration/impact responses

How to Complete Homeless History

1

Complete number of months homeless in last 3 years



Homeless History

1. How many months have you been “literally homeless” in the last three years?

- One month (this is the first month) Between 2-12 months (specify): _____
- More than 12 months Client does not know Client refused

How to Complete NC Natural Disaster/Storms

1 Select client's eligibility for FEMA individual assistance

NC Natural Disaster/Storms

1. Is the client eligible for FEMA individual assistance?

- Yes
 No
 Not yet resolved
 Client does not know
 Client refused

2. If yes, please select the type of FEMA individual assistance received:

- Rental assistance
 Long-term hotel/motel assistance(TSA)
 Other housing assistance
 Other FEMA IA
 Personal property assistance
 Client does not know

2 If client is eligible for FEMA individual assistance specify assistance type

3 For each natural disaster that impacted the client complete evacuation and date information

3. Which natural disaster/storm caused you to evacuate and seek other shelter? *If the client selects 'Yes' for any storm, you must also complete the shaded section below.*

Natural Disaster/Storm Name	Evacuated and sought other shelter?	On what date did you leave your prior living situation (before the disaster/storm)
Hurricane Florence	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Hurricane Michael	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Hurricane Matthew	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____
Other, specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> Client does not know <input type="checkbox"/> No <input type="checkbox"/> Client refused	____/____/____

4

Select pre-disaster housing damage (if known)



4. Do you know if the place you were living was destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?

Destroyed

Client does not know

Seriously Damaged

Client refused

Not Seriously Damaged

5. If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?

I have insurance to cover most of my losses

Client does not know

I have insurance to cover some of my losses

Client refused

I have no insurance

6. As of today, what are your plans for housing?

Stay in a shelter until I can move back permanently

Client does not know

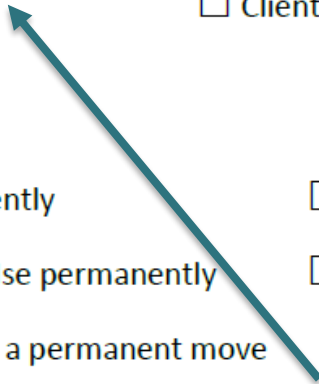
Stay in a shelter until I can move somewhere else permanently

Client refused

Move somewhere temporarily until I can make a permanent move

5

Complete insurance information



6

Complete current housing plan information



ncceh.org/hmis

access local support for Balance of State, Durham, & Orange CoCs

919.410.6997 or **hmis@ncceh.org**

helpdesk for local support



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