

How to complete the DRH Interim 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

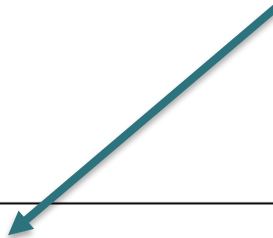
This form should be completed after a client/household moves into their new unit

1 Complete the Date



2

Add the county the client is being housed in



Date of Assessment: _____

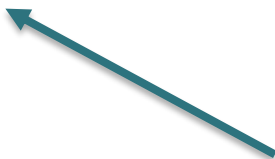
County: _____

3 Add your agency name



Disaster Re-Housing Agency: _____

HMIS #: _____




4

Complete the Head of Household's HMIS ID #

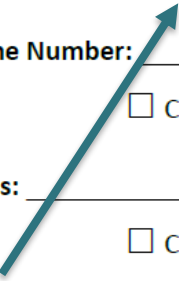
How to Complete Identification Data

1 Add Client Information



Identification Data		
1. First Name	Last Name	Middle Initial
2. What is your FEMA ID number? _____		
3. Primary Phone Number: _____		
<input type="checkbox"/> Client does not know <input type="checkbox"/> Client refused		
4. Email Address: _____		
<input type="checkbox"/> Client does not know <input type="checkbox"/> Client refused		

2 FEMA ID is required. Complete if not already collected



3 Add information for Client's Emergency Contact



5. Emergency Contact Name: _____
 Client does not know Client refused

6. Emergency Contact Phone: _____
 Client does not know Client refused

7. Emergency Contact Email Address: _____
 Client does not know Client refused

How to Complete Status Updates

Ask client if there have been any changes to the disabling conditions, health insurance, income or non-cash benefits of any household member.

1 Check client's response to changes for each element



Status Updates

1. Any changes to disabling conditions?

Yes No Client does not know Client refused

If yes, please explain: _____

2. Any changes to health insurance?

Yes No Client does not know Client refused

If yes, please explain: _____

3. Any changes to income?

Yes No Client does not know Client refused

If yes, please explain: _____

4. Any changes to non-cash benefits?

Yes No Client does not know Client refused

If yes, please explain: _____



2 If a client in the household responds Yes to any changes, record which client and the changes on provided line

How to Complete Back@Home Housing Information

Complete this section for housing that Back@Home has assisted client in moving into

- 1 Complete housing dates. Move-in Date is the first date the client sleeps in the unit

Back@Home Housing Information	
1. Housing Move-In Date:	____/____/____
2. Lease Start Date:	____/____/____
3. Lease End Date:	____/____/____

- 2 Add complex name and housing address

4. Apartment Complex name (if applicable):

Client does not know Client refused

5. Back@Home Housing address (include apartment number, street address, city, county, state, zip):

6. Landlord Name: _____

7. Landlord Phone Number: _____

- 3 Add Landlord contact information

4

Complete unit specific information



8. Number of bedrooms in unit: _____

Client does not know

Client refused

9. Monthly Rental Amount: _____

Client does not know

Client refused

10. Type of Unit:

Apartment

Mobile home

Shared housing (Shared unit/room/facilities)

Single family home

Client does not know

Client refused

11. Do you have a service animal?

Yes

No

If yes, how many? _____



5

Add service animal 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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