

Homeless Assessment and Referral Tool (HART)

NC BoS CoC Coordinated Entry Assessment

| | |
|--|---|
| Client Name: | |
| Client DOB: | |
| Last 4 of SSN: | |
| Housing and Homeless History | |
| 1. How long has it been since you lived in your own place? | <ul style="list-style-type: none">• Less than 3 months• 3 to 5 months• 6 to 11 months• 12 to 35 months• 36 months or more |
| 2. How many months have you been without a home, such as living outside or in a shelter? | <ul style="list-style-type: none">• Less than 3 months• 3 to 5 months• 6 to 11 months• 12 to 35 months• 36 months or more |
| 3. Where did you sleep last night? | <ul style="list-style-type: none">• Unsheltered• Sheltered (ES, TH)• Unstable Housing (couch surfing)• Permanent Housing• Institution (jail/hospital) |
| 4. Where are you going to sleep tonight? | <ul style="list-style-type: none">• Unsheltered• Sheltered (ES, TH)• Unstable Housing (couch surfing)• Permanent Housing• Institution (jail/hospital) |
| 5. Have you ever been involved in the justice system (even if it was not true) and did that make it difficult to find housing? | <ul style="list-style-type: none">• Yes• No |



| | |
|---|--|
| (Justice involved means being arrested, in jail, in prison, or on probation.) | |
|---|--|

| Risks | |
|-------|--|
|-------|--|

| | |
|---|---|
| 6. Did you leave your previous or current living situation because you felt unsafe? | <ul style="list-style-type: none"> • Yes • No |
| 7. Have you experienced violence since becoming homeless? | <ul style="list-style-type: none"> • Yes • No |
| 8. Have you ever experienced violence with someone close to you? | <ul style="list-style-type: none"> • Yes • No |
| 9. Are you currently experiencing or feel you are at risk of experiencing violence? | <ul style="list-style-type: none"> • Yes • No |

| Health and Wellness | |
|---------------------|--|
|---------------------|--|

| | |
|--|--|
| 10. Does anyone in your household have any physical or mental health conditions that are treated or have been treated by a professional? | <ul style="list-style-type: none"> • Yes • No |
| 11. Do you or does anyone in the household have lung cancer, kidney or liver failure, heart disease, or a substance use disorder? | <ul style="list-style-type: none"> • Yes, 2 or more • Yes, 1 • No |
| 12. Is the lack of housing making it hard to get to a doctor's office or take prescribed medications? | <ul style="list-style-type: none"> • Yes • No |
| 13. Do you have health insurance? | <ul style="list-style-type: none"> • Yes • No |

| Family Unit | |
|-------------|--|
|-------------|--|

| | |
|---|--|
| 14. What is the size of your household? (including you) | <ul style="list-style-type: none"> • 1-2 people • 3 or more people |
| 15. Is anyone under 5 years old? | <ul style="list-style-type: none"> • Yes • No |
| 16. Is anyone 55 years or older? | <ul style="list-style-type: none"> • Yes |



| | |
|---|---|
| | <ul style="list-style-type: none"> • No |
| 17. Is anyone in the household pregnant? | <ul style="list-style-type: none"> • Yes • No |
| 18. How many children under the age of 18 are not currently staying with your family, but would live with you? (if you have a home) | <ul style="list-style-type: none"> • 1 or more • None |
| 19. How many adults 18 or older are not currently staying with your family, but would live with you? (if you have a home) | <ul style="list-style-type: none"> • 1 or more • None |

