

COVID-19 At-Risk of Homelessness Assessment

*This assessment tool is to be used by **Homelessness Prevention and Rapid Re-Housing** projects to determine if an individual is at-risk of becoming homeless or is currently homeless due to the COVID-19 outbreak.*

Assessors Name: _____

Assessment Date: _____

HMIS Client ID (if applicable): _____

Client First and Last Name: _____

Location: _____

Date of Birth: _____ Gender: _____ Age: _____

1. ¿Está usted en riesgo de quedarse sin hogar o está actualmente sin hogar debido a COVID-19?

Yes No Client doesn't know Client Refused Data Not Collected

2. En caso afirmativo, ¿cuál es la razón que contribuye a su situación actual?
(only select one option)

Enfermedad debido a COVID-19 Desempleo Incapaz de pagar renta/hipoteca Desalojo

Comments/Observations

Please contact sophia@thn.org and mollie@thn.org if you have questions regarding COVID-19 response best practices and resources. If you have data related questions, please contact kristin@thn.org.