

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. Are you at-risk of homelessness or currently experiencing homelessness due to COVID-19?
 Yes No Client doesn't know Client Refused Data Not Collected
2. If yes, what reason is contributing to your current situation? (only select one option)
 Illness due to the COVID-19 virus Loss of job Unable to pay rent/mortgage
 Eviction

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.