

# Appendix O: Housing Status Form

## Housing Status Form

This information is being collected to assess the housing status of families being served by [CHILD WELFARE OR REFERRING AGENCY] to help identify families eligible for the Family Unification Program (FUP). For families referred to FUP, the information collected on this form can be transferred directly to the FUP Referral Form. This information is also being collected to inform the evaluation of the Family Unification Program being conducted by a research team at the Urban Institute, Chapin Hall at the University of Chicago and Child Trends. This information will be used to inform the US Department of Health and Human Services Administration for Children and Families (HHS ACF) and the US Department of Housing and Urban Development to improve the administration of the FUP program. This form should be completed by staff at [CHILD WELFARE OR REFERRING AGENCY]. All the information you provide will be kept private to the extent permitted by law.

This form collects housing information aligned with definitions of homelessness and housing instability created by the US Department of Housing and Urban Development’s (HUD). Agencies may reformat the form and add (but not remove) items as needed,

Status Assessment Date: \_\_\_\_\_

Child Welfare ID: \_\_\_\_\_

Location of current residence (e.g. zip code, to be adapted to conform with each site’s housing authority requirements): \_\_\_\_\_

Worker name: \_\_\_\_\_  
name: \_\_\_\_\_

Supervisor

*The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to evaluate the effectiveness of the Family Unification Program. Public reporting burden for this collection of information is estimated to average two minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Michael Pergamit at mpergamit@urban.org.*

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## **Child Welfare Involvement**

Client has an open DCF child welfare case: Y  N

Case type (current):  Reunification  Family Preservation

## **Current Living Situations**

### **Where is the family currently living?**

- Private house/apartment of own
- With friends or relatives
- In place not designed for sleeping accommodation for human beings (e.g. car, park, abandoned building, bus or train station, airport, camping ground)
- Emergency shelter
- Transitional housing
- Hotel or motel
- Residential substance abuse treatment\*
- Hospital (includes psychiatric hospitals) \*
- Jail/incarcerated\*
- Other, specify\*:

*\*If client is in an institution (Residential SA treatment, psychiatric hospital, jail/incarcerated):*

*Will the client have access to stable housing upon exit? Y  N*

*What is their discharge date: \_\_\_/\_\_\_/\_\_\_\_\_ (MMDDYYYY)*

### **Do any of the following describe the families current living situation? For each of the following, check Yes (Y), No (N), or Unknown (U)**

#### **Living in dilapidated housing**

*The unit does not provide safe and adequate shelter and in its present condition endangers the health, safety or well-being of the family. Y  N*   
U

*The unit has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. Y  N  U*

#### **Family is living in substandard housing**

*Housing unit does not have operable indoor plumbing. Y  N  U*

*Housing unit does not have a usable flush toilet inside the unit for the exclusive use of a family. Y  N  U*

*Housing unit does not have a usable bathtub or shower inside the unit for the exclusive use of a family. Y  N  U*

*Housing unit does not have electricity, or has inadequate or unsafe electrical service. Y  N  U*

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**Do any of the following describe the families current living situation? For each of the following, check Yes (Y), No (N), or Unknown (U) [CONTINUED]**

Housing unit does not have a safe or adequate source of heat. Y  N   
U

Housing unit should, but does not, have a kitchen. Y  N  U

Housing unit has been declared unfit for habitation by an agency or unit of government or in its present condition otherwise endangers the health, safety, or well-being of the family. Y  N  U

**Family Is homeless**

An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. Y   
N  U

An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals). Y  N   
U

An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. Y  N   
U

An individual or family who will imminently lose their primary nighttime residence provided that: (1) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance (2) No subsequent residence has been identified (3) The family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing. Y  N   
U

An individual or family who is fleeing or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or the family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; AND has no other residence; AND lacks the resources or support networks, e.g. family, friends, and faith-based or other social networks, to obtain other permanent housing. Y  N   
U

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**Do any of the following describe the families current living situation? For each of the following, check Yes (Y), No (N), or Unknown (U) [CONTINUED]**

**Family is living in an overcrowded unit**

*The family is separated from its child (or children) and the parent(s) are living in otherwise standard housing unit, but, after the family is re-united, the parents' housing unit would be overcrowded for the entire family and would be considered substandard. (A unit is considered to be overcrowded if the head of household has to share a bedroom with an individual that is not their spouse or significant other or there are more than 2 people per bedroom.)*

Y  N  U

*The family is living with its child (or children) in a unit that is overcrowded for the entire family and this overcrowded condition may result in the imminent placement of its child (or children) in out-of-home care.*

Y  N  U

**Family is living with a household member that could result in placement of child or delay of discharge from placement.**

*Family is living in a unit where the presence of a household member with certain characteristics (i.e., conviction for certain criminal activities) would result in the imminent placement of the family's child, or children, in out-of-home care; or the delay in the discharge of the child, or children, to the family from out-of-home care.*

Y  N  U

**Family is living in a unit not accessible to disabled child(ren)**

*Family is living in housing not accessible to the family's disabled child or children due to the nature of the disability.*

Y  N

U

**FUP Referral**

*If you choose to refer this family to the Family Unification Program (FUP), you can copy the items on this form directly to the FUP Referral form or attach it to the FUP Referral form.*