

Appendix R: Housing Assistance Questionnaire

Housing Application and Search Assistance Questionnaire

This information is also being collected to inform the evaluation of the Family Unification Program (FUP) 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 [RELEVANT AGENCY OR AGENCIES]. All the information you provide will be kept private to the extent permitted by law

This questionnaire will ask about the services that you have provided to the family related to housing application, voucher issuance, signing a lease, and move in.

Please only fill out this form if the family has either: (1) Received a voucher and signed a lease or (2) Been denied a voucher.

Family’s Child Welfare ID:	
Project ID:	
Client Name:	
Case Manager/Worker’s Name:	
Organization:	
Today’s Date:	
Service provision	
Have you been providing services to the family around the housing application and signing a lease? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has any other agency/organization been providing services to the family around the housing application and signing a lease? <input type="checkbox"/> Yes, please specify the organization: _____ <input type="checkbox"/> No	
How many times did you meet with the family during this process? _____	
Is this more often than you typically meet with a client? <input type="checkbox"/> More <input type="checkbox"/> Less <input type="checkbox"/> Same	

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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 5 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

What APPLICATION assistance have you provided or coordinated (Please Select All that Apply):	
<input type="checkbox"/>	Help filling out the housing application
<input type="checkbox"/>	Help getting necessary documents for the housing application
<input type="checkbox"/>	Help finding transportation to the housing intake and voucher briefing
<input type="checkbox"/>	Attend housing intake or voucher briefing with the family
<input type="checkbox"/>	Help interacting with the housing authority
<input type="checkbox"/>	Help paying off money owed to the housing authority
<input type="checkbox"/>	Help submitting an appeal after voucher denial
<input type="checkbox"/>	Other, please specify:
What HOUSING SEARCH assistance have you provided or coordinated (Please Select All that Apply):	
<input type="checkbox"/>	Help paying off money owed to other landlords
<input type="checkbox"/>	Help paying off money owed to utilities
<input type="checkbox"/>	Help with a credit review
<input type="checkbox"/>	Help searching for an apartment or house
<input type="checkbox"/>	Taking families on neighborhood tours
<input type="checkbox"/>	Taking families on unit viewings
<input type="checkbox"/>	Provide a list of landlords who accept vouchers or who have worked with the housing authority in the past
<input type="checkbox"/>	Providing landlord introductions
<input type="checkbox"/>	Provide a list of available properties
<input type="checkbox"/>	Help paying application fees
<input type="checkbox"/>	Help filling out a rental application
<input type="checkbox"/>	Help interacting/negotiating with landlords
<input type="checkbox"/>	Advice on overcoming personal history barriers
<input type="checkbox"/>	Coaching on how to talk to landlords
<input type="checkbox"/>	Provide or coordinate transportation to look at housing units
<input type="checkbox"/>	Provide a list of other organizations that can help families find units
<input type="checkbox"/>	Referrals to local fair housing and equal opportunity offices
<input type="checkbox"/>	Focused help around finding housing in low-poverty neighborhoods
<input type="checkbox"/>	Other, please specify:

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What assistance have you provided or coordinated around SIGNING A LEASE (Please Select All that Apply):	
<input type="checkbox"/>	Help reading a lease

<input type="checkbox"/>	Help paying first month's rent
<input type="checkbox"/>	Help paying security deposit
<input type="checkbox"/>	Help paying first month's utilities
<input type="checkbox"/>	Help paying for furniture and household items
<input type="checkbox"/>	Help moving into the apartment/house
<input type="checkbox"/>	Counseling on compliance with rental lease requirements
<input type="checkbox"/>	Counseling on compliance with HCV program participant requirements
<input type="checkbox"/>	Other, please specify: