

# Housing Equity Assessment Tool

Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021

## Administration Only

Interviewer's Name

Survey Date (DD/MM/YY)

Survey Time

## Opening Script

Please highlight the following information to each client:

- Your name, your organization, and your role there
- Why you are doing this assessment -- what will the client get out of completing it?
- The survey should take less than 15 minutes to complete
- Only "Yes," "No," or one-word answer are being sought, client doesn't have to share more than they are comfortable with
- Any question can be skipped or refused
- The survey information will be shared with Coordinated entry and stored in their files
- If the participant does not understand a question, they can ask you for clarification
- It's extremely important to remind participants that sharing honestly and openly about what they are going through will not keep them out of services, it will help us better connect them to the services they need/want.

## Basic Information - PRE-SURVEY

<b>First Name</b>	<b>Last Name</b>	<b>Street/Nickname</b>	
<b>Date of Birth</b>	<b>Age</b>	<b>Consent to Participate</b>	
		Yes	No
<b>This person is; (circle one)</b>			
Single Adult		Adult with dependent(s) under age 18	
*If "Adult with dependent(s) under age 18", complete Families Supplemental Assessment			
			<b>SCORE:</b>

## Demographic Information

1) What is your gender identity?	Man	Woman	Other
2) Do you identify as transgender? *If "Yes", complete GNC &LGBQ Supplemental Assessment	Yes	No	Refused
3) Do you identify as LGBQ? *If "Yes", complete GNC &LGBQ Supplemental Assessment	Yes	No	Refused
4) In what language do you feel best able to express yourself?			
5) Is your first language English?	Yes	No	Refused
6) Do other people have difficulties understanding you when you speak English?	Yes	No	Refused
7) Were you born in another country?	Yes	No	Refused
8) Would you want help applying for citizenship or a visa?	Yes	No	Refused
9) Are you a DACA recipient?	Yes	No	Refused
10) Do you ever fear being deported?	Yes	No	Refused
11) What is your race? *If "Not White", complete BIPOC Supplemental Assessment	White	Not White: _____	
12) What is your ethnicity? *If "Hispanic", complete BIPOC Supplemental Assessment	Hispanic	Non-hispanic	
			<b>SCORE:</b>

### Housing History and Chronic Homelessness Determination

- 13) How long has it been since you lived in stable housing?
- \*Stable housing means having choice over when and under what circumstances a household wants to move.
- 14) How many times have you been homeless in the last three years?
- 15) Cumulatively, how many months have you been homeless in the last three years?
- 16) Where do you sleep most frequently?
- |          |                                |            |               |
|----------|--------------------------------|------------|---------------|
| Shelters | Transitional Housing           | Safe Haven | Couch Surfing |
| Car      | Place not meant for habitation | Other      | Outdoors      |

**SCORE:**

### Housing & Legal Assessment

- |  |     |    |         |
|--|-----|----|---------|
| 17) Have you ever been evicted?  | Yes | No | Refused |
| 18) Have you ever had an unwanted interaction with police or law enforcement?  | Yes | No | Refused |
| 19) Have you ever stayed one or more nights in jail, a holding cell, or prison?  | Yes | No | Refused |
| 20) Did legal issues cause your homelessness?  | Yes | No | Refused |
| 21) Do you have any legal stuff going on right now that may result in any of the following:                                  |     |    |         |
| • Being put in jail or prison?   | Yes | No | Refused |
| • Having to pay fines, fees, or debts that you cannot afford?  | Yes | No | Refused |
| • Not being able to get housing and/or limiting where you qualify to live?   | Yes | No | Refused |
| 22) Does your pet limit your options for housing?  | Yes | No | Refused |
| 23) Have you used a crisis service or hotline for such concerns as family, intimate partner violence, or suicide prevention? | Yes | No | Refused |

**SCORE:**

### Function & Access

- |   |     |    |         |
|---|-----|----|---------|
| 24) Most days can you:  |     |    |         |
| • Find a safe place to sleep?   | Yes | No | Refused |
| • Access a bathroom and shower when you need it?  | Yes | No | Refused |
| • Get food or water?  | Yes | No | Refused |
| • Get clothing or access to laundry when you need it?   | Yes | No | Refused |
| • Safely store your stuff?  | Yes | No | Refused |
| • Use a telephone or internet if you need to?   | Yes | No | Refused |
| 25) Have you ever been kicked out of a storage unit?  | Yes | No | Refused |
| 26) Do you feel confident in connecting to all the social services in town that you want or need? | Yes | No | Refused |
| 27) Would you like assistance with reading documents?   | Yes | No | Refused |
| 28) Do you use or want access to incontinence supplies like diapers or chuck pads?                | Yes | No | Refused |

**SCORE:**

## Health Assessment

### Medical Access

- |   |     |    |         |
|---|-----|----|---------|
| 29) In the last 6 months, have you:   |     |    |         |
| • Gone to the ER?   | Yes | No | Refused |
| • Taken an ambulance?   | Yes | No | Refused |
| • Been denied an ambulance after calling 911?                                   | Yes | No | Refused |
| • Been hospitalized at least overnight?   | Yes | No | Refused |
| 30) Are you more likely to go to the ER than a primary care provider?           | Yes | No | Refused |
| 31) Have any of these things occurred three or more times in the past 6 months? | Yes | No | Refused |

### Physical

- |  |     |    |         |
|--|-----|----|---------|
| 32) Do you use or need any medication or a mobility device?  | Yes | No | Refused |
| 33) Do you require physical assistance to get to appointments or to meet your basic needs?                     | Yes | No | Refused |
| 34) Do you experience chronic pain that prevents you from getting your needs met?                              | Yes | No | Refused |
| 35) Are you deaf and/or severely hearing impaired?   | Yes | No | Refused |
| 36) Are you blind and/or have severely impaired vision?  | Yes | No | Refused |
| 37) Are you pregnant?  | Yes | No | Refused |
| 38) If there were a space in a program specifically for people with HIV/AIDS would that be of interest to you? | Yes | No | Refused |
| 39) Have you had a traumatic brain injury?   | Yes | No | Refused |
| 40) Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?                  | Yes | No | Refused |

### Mental

- |   |     |    |         |
|---|-----|----|---------|
| 41) Have you ever hurt yourself on purpose?   | Yes | No | Refused |
| 42) Have you ever attempted suicide?  | Yes | No | Refused |
| 43) Do you have or have you had, FAS, FASD, NAS?<br><small>*FAS - Fetal Alcohol Syndrome, FASD - Fetal Alcohol Spectrum Disorders, NAS - Neonatal Abstinence Syndrome</small> | Yes | No | Refused |
| 44) Are you on the autism spectrum?   | Yes | No | Refused |
| 45) Have you ever been diagnosed with a memory disorder or have significant trouble understanding, concentrating, or remembering things?                                      | Yes | No | Refused |
| 46) Have you ever been diagnosed or self identify with a mental illness?  | Yes | No | Refused |
| 47) Have you ever been diagnosed or self identify with schizophrenia, psychosis, and/or an identity disorder?   | Yes | No | Refused |
| 48) Have you ever been involuntarily held in a hospital?  | Yes | No | Refused |

**SCORE:**

**Risk & Trauma**

49) Do you have friends or family that can:			
• Help you get a safe place to sleep?	Yes	No	Refused
• Give you access to food?	Yes	No	Refused
• Lend you money?	Yes	No	Refused
50) Were you homeless or unstably housed as a youth?	Yes	No	Refused
51) As a youth, were you involved in;			
• Foster care	Yes	No	Refused
• Juvenile detention	Yes	No	Refused
52) Have you ever:			
• Been beaten up, assaulted, or threatened with violence?	Yes	No	Refused
• Reacted with violence during a conflict or used violence to protect yourself?	Yes	No	Refused
• Experienced trauma or abuse as an adult?	Yes	No	Refused
• Experienced trauma or abuse as a child?	Yes	No	Refused
53) If yes to any of the above, did any of those things occur while you were homeless?	Yes	No	Refused
54) Do you feel free to make decisions on your own regarding your access to resources, how you spend money, or where you stay, or do other people make those decisions for you?	Yes	No	Refused
55) Has your drug or alcohol use ever had an impact on your housing status, relationships or access to resources? *If "Yes", complete SU Supplemental Assessment	Yes	No	Refused
56) Have you ever traded sex for resources like money, food, shelter, etc.?	Yes	No	Refused
57) Have you ever unwillingly participated in sex for resources?	Yes	No	Refused
58) Have you ever been sexually assaulted? • Was it recent?	Yes Yes	No No	Refused Refused
59) Have you ever been involved in a gang?	Yes	No	Refused
60) Have you ever experienced domestic violence?	Yes	No	Refused
61) Are you actively in or actively fleeing a domestic violence situation?	Yes	No	Refused

\*\* Refer to DV/SV service FSC/SP/ect.

**SCORE:**

**\*\*\*This section is for Scorer use only\*\*\***

Scorer will use accompanying Scoring Instructions to score Assessment and Supplemental scores.

<b>TOTAL SCORE</b>	<b>Scorer's Name:</b>	
	<b>Possible</b>	<b>Scored</b>
Assessment Score	67	
Supplemental Scores	33	
<b>TOTAL</b>	100	

# Housing Equity Assessment Tool

## Supplemental Survey - GNC & LGBQ+

*Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021*

### Administration Only

Interviewer's Name	Survey Date (DD/MM/YY)	Survey Time
--------------------	------------------------	-------------

### Basic Information - PRE-SURVEY

First Name	Last Name	Nickname
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### Supplement Instructions

Please fill out this supplemental survey for every participant who answered "Yes" to questions 2 or 3 of the Vulnerability & Housing Assessment.

**2) Do you identify as transgender?**

**3) Do you identify as LGBQ?**

### Supplemental Survey - GNC & LGBQ+

- |  |     |    |         |
|--|-----|----|---------|
| 1) Have you ever been forced to sleep in a gendered area that you did not identify with and/or been made to use gendered facilities, like a restroom, that do not align with your gender identity? | Yes | No | Refused |
| 2) Have you ever been targeted for being trans/non-binary?   | Yes | No | Refused |
| 3) Have you ever been targeted for your sexual orientation?  | Yes | No | Refused |
| 4) Have you ever been mistreated in a medical setting because of your gender identity or sexuality?  | Yes | No | Refused |
| 5) Have you ever been beat up, physically and/or sexually assaulted because of your gender identity or sexuality?  | Yes | No | Refused |

**SCORE:**

# Housing Equity Assessment Tool

## Supplemental Survey - BIPOC

*Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021*

### Administration Only

Interviewer's Name

Survey Date (DD/MM/YY)

Survey Time

### Basic Information - PRE-SURVEY

First Name

Last Name

Nickname

### Supplement Instructions

Please fill out this supplemental survey for every participant who answered "Not White" or "Hispanic" to questions 11 or 12 of the Vulnerability & Housing Assessment.

11) What is your race?

12) What is your ethnicity?

### Supplemental Survey - BIPOC Additional

- |  |     |    |         |
|--|-----|----|---------|
| 1) Do you identify as Native American, Indigenous, and/or Pacific Islander                         | Yes | No | Refused |
| 2) Do you identify as Black or African American?   | Yes | No | Refused |
| 3) Have you ever been targeted for your race?  | Yes | No | Refused |
| 4) Have you ever been beat up or physically assaulted because of your racial identity?             | Yes | No | Refused |
| 5) Based on your racial identity, have you ever been;  |     |    |         |
| • Profiled by the police?  | Yes | No | Refused |
| • Denied housing?  | Yes | No | Refused |
| • Discriminated against for having a darker skin tone?   | Yes | No | Refused |
| 6) Do you feel like you've been discriminated against due to your accent or the way that you talk? | Yes | No | Refused |

**SCORE:**

# Housing Equity Assessment Tool

## Supplemental Survey - Substance Use

*Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021*

### Administration Only

Interviewer's Name	Survey Date (DD/MM/YY)	Survey Time
--------------------	------------------------	-------------

### Basic Information - PRE-SURVEY

First Name	Last Name	Nickname
------------	-----------	----------

### Supplement Instructions

Please fill out this supplemental survey for every participant who answered "Yes" to question 55 of the Vulnerability & Housing Assessment.

**55) Has your drug or alcohol use ever had an impact on your housing status, relationships or access to resources?**

### Supplemental Survey - Substance Use

1) Is your drug or alcohol use active?	Yes	No	Refused
2) Do you have a chronic or long term history with drug or alcohol use and/or have you ever tried to cut back or take a break?	Yes	No	Refused
3) Have you lost a job or housing due to your use of drugs or alcohol?	Yes	No	Refused
4) Have you traded sex for drugs or alcohol?	Yes	No	Refused
5) Do you trade or sell drugs for survival?	Yes	No	Refused
6) Have you been incarcerated for buying, selling, possessing drugs?	Yes	No	Refused
7) Are you an injection drug user?	Yes	No	Refused
8) Have you ever had to share a needle?	Yes	No	Refused
9) Have you ever gotten an infection from injecting drugs?	Yes	No	Refused
10) Have you ever mixed drugs, had alcohol poisoning, or overdosed?	Yes	No	Both

**SCORE:**

# Housing Equity Assessment Tool

## Supplemental Survey - Family

Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021

### Administration Only

Interviewer's Name

Survey Date (DD/MM/YY)

Survey Time

### Basic Information - PRE-SURVEY

First Name

Last Name

Nickname

### Supplement Instructions

Please fill out this supplemental survey for every participant who answered "Adult with dependent(s) under age 18" in the pre-survey of the Vulnerability & Housing Assessment.

### Supplemental Survey - Family

#### Age of Children

- |   |     |    |         |
|---|-----|----|---------|
| 1) Does your household include a child under age 3, or a current pregnancy? | Yes | No | Refused |
|---|-----|----|---------|

#### Pregnancy

\*If currently pregnant ask the below three starred questions

- |  |     |    |         |
|--|-----|----|---------|
| *2) Have you been seen by a prenatal care doctor for this pregnancy? | Yes | No | Refused |
| *3) Is your current pregnancy high risk?                             | Yes | No | Refused |
| *4) Have you given birth prematurely in the past?                    | Yes | No | Refused |

#### Family Unit

- |  |     |    |         |
|--|-----|----|---------|
| 5) Have any of your children been removed from the household by a child protection agency?   | Yes | No | Refused |
| 6) Have any of your children stayed with family or friends because of your homelessness or housing situation?  | Yes | No | Refused |
| 7) Have any of your children experienced abuse or trauma, that you're aware  | Yes | No | Refused |
| 8) Does your family have any family legal issues that are being resolved in court, or need to be resolved in court, like a DCYF Dependency; Divorce/Parenting plan; Becca Bill; Guardianship, Third Party custody etc? | Yes | No | Refused |

#### Social Connections & Activities

- |  |     |    |         |
|--|-----|----|---------|
| 9) Do your children attend school or a daycare more often than not each week?  | Yes | No | Refused |
| 10) Do you get a chance to do activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? | Yes | No | Refused |
| 11) Do you have to leave your kids with someone you're not comfortable with, or people you don't know well?  | Yes | No | Refused |
| 12) Do you ever have to leave your child(ren) unsupervised for more than 2 hours   | Yes | No | Refused |
| 13) Do your older kids spend time every day helping their younger sibling(s) with school, cooking, bathing, cleaning, or anything like that?   | Yes | No | Refused |



# Housing Equity Assessment Tool

Tool created by the Thurston County Vulnerability Racial Equity Team - December 2021

## Administration Only

Interviewer's Name

Survey Date (DD/MM/YY)

Survey Time

## Basic Information

First Name

Last Name

Nickname

### Scoring Instructions: Basic Information - PRE-SURVEY

If over 50

1 point

Section Total: /1

### Scoring Instructions: Demographic Information

- 1) If "Woman" 1 point
- 2) If "Yes", complete GNC&LGBQ Supplemental Assessment
- 3) If "Yes", complete GNC&LGBQ Supplemental Assessment
- 4) If any lanugage other than English 1 point
- 5) If "No" 1 point
- 6) If "Yes" 1 point
- 7) If "Yes" 1 point
- 8) If "Yes" to 8 or 9
- 9) If "Yes" to 8 or 9 2 points
- 10) If "Yes" 1 point
- 11) If "Not White", complete BIPOC Supplemental Assessment
- 12) If "Hispanic", complete BIPOC Supplemental Assessment

Section Total: /8

**Scoring Instructions: Housing History and Chronic Homelessness Determination**

- |   |         |
|---|---------|
| 13) If 12 months or more                              | 1 point |
| 14) If 4 or more times                                | 1 point |
| 15) If 12 or more months                              | 1 point |
| 16) If shelter, car, outdoors, PNMFH, couch searching | 1 point |

**Section Total:** /4**Scoring Instructions: Housing & Legal Assessment**

- |                     |         |
|---------------------|---------|
| 17) If "Yes"        | 1 point |
| 18) If "Yes"        | 1 point |
| 19) If "Yes"        | 1 point |
| 20) If "Yes"        | 1 point |
| 21) If "Yes" to any | 1 point |

- |              |         |
|--------------|---------|
| 22) If "Yes" | 1 point |
| 23) If "Yes" | 1 point |

**Section Total:** /7**Scoring Instructions: Function & Access**

- |     |                            |          |
|-----|----------------------------|----------|
| 24) | If 1-2 "No"s are indicated | 1 point  |
|     | If 3 "No"s are indicated   | 2 points |

- |              |         |
|--------------|---------|
| 25) If "Yes" | 1 point |
| 26) If "No"  | 1 point |
| 27) If "Yes" | 1 point |
| 28) If "Yes" | 1 point |

**Section Total:** /6

## Scoring Instructions: Health Assessment

### Medical Access

29) If "Yes" to 2 or more **1 point**

30) If "Yes" **1 point**

31) If "Yes" **1 point**

### Physical

32) If "Yes" **1 point**

33) If "Yes" **1 point**

34) If "Yes" **1 point**

35) If "Yes" to 35 or 36 **2 points**

36) If "Yes" to 35 and 36 **3 points**

37) If "Yes" **1 point**

38) If "Yes" **2 points**

39) If "Yes" **1 point**

40) If "Yes" **1 point**

### Mental

41) If "Yes" **1 point**

42) If "Yes" **1 point**

43) If "Yes" **2 points**

44) If "Yes" **1 point**

45) If "Yes" **1 point**

46) If "Yes" **1 point**

47) If "Yes" **1 point**

48) If "Yes" **1 point**

**Section Total: /23**

<b>Scoring Instructions: Risk &amp; Trauma</b>	
49) If 2 or more "No"	<b>1 point</b>
50) If "Yes"	<b>1 point</b>
51) If "Yes"	<b>1 point</b>
If "Yes"	<b>1 point</b>
52)	
If "Yes"	<b>1 point</b>
If "Yes"	<b>1 point</b>
If "Yes"	<b>1 point</b>
If "Yes"	<b>1 point</b>
53) If "Yes"	<b>1 point</b>
54) If "No"	<b>1 point</b>
55) If "Yes", complete the SU Supplemental Assessment	
56) If "Yes"	<b>1 point</b>
57) If "Yes"	<b>1 point</b>
58) If "Yes"	<b>1 point</b>
If "Yes"	<b>1 point</b>
59) If "Yes"	<b>1 point</b>
60) If "Yes"	<b>1 point</b>
61) If "Yes"	<b>2 points</b>

**Section Total:     /18**

# Vulnerability & Housing Assessment Tool

## Supplemental Survey - GNC & LGBQ+ SCORECARD

### Scoring Instructions: Supplemental Survey - GNC & LGBQ+

- |                                    |          |          |
|------------------------------------|----------|----------|
| 2) Do you identify as transgender? | If "Yes" | 2 points |
| 3) Do you identify as LGBQ?        | If "Yes" | 1 point  |

1) If "Yes" 1 point

2) If "Yes" 1 point

3) If "Yes" 1 point

4) If "Yes" 1 point

5) If "Yes" 2 points

Section Total: /9

# Vulnerability & Housing Assessment Tool

## Supplemental Survey - BIPOC SCORECARD

<b>Scoring Instructions: Supplemental Survey - BIPOC</b>		
11) What is your race?	If "Not White"	
<b>OR</b>		
12) What is your ethnicity?	If "Hispanic"	<b>3 points</b>
1) If self-reported Native American, Indigenous, or Pacific Islander		<b>1 point</b>
2) If self-reported Black or African American		<b>2 points</b>
If self-reported Native American, Indigenous, or Pacific Islander <b>and</b> Black or African American		<b>3 points</b>
3) If "Yes"		<b>1 point</b>
4) If "Yes"		<b>2 points</b>
5)		
If "Yes"		<b>1 point</b>
If "Yes"		<b>1 point</b>
If "Yes"		<b>1 point</b>
6) If "Yes"		<b>1 point</b>

**Section Total: /13**

# Vulnerability & Housing Assessment Tool

## Supplemental Survey - Substance Use SCORECARD

### Scoring Instructions: Supplemental Survey - Substance Use

55) Has your drug or alcohol use ever had an impact on your housing status, relationships or access to resources?

If "Yes"                      1 point

- |              |         |
|--------------|---------|
| 1) If "Yes"  | 1 point |
| 2) If "Yes"  | 1 point |
| 3) If "Yes"  | 1 point |
| 4) If "Yes"  | 1 point |
| 5) If "Yes"  | 1 point |
| 6) If "Yes"  | 1 point |
| 7) If "Yes"  | 1 point |
| 8) If "Yes"  | 1 point |
| 9) If "Yes"  | 1 point |
| 10) If "Yes" | 1 point |

**Section Total:**                      /11

# Vulnerability & Housing Assessment Tool

## Supplemental Survey - Family SCORECARD

<b>Scoring Instructions: Supplemental Survey - Family</b>	
1) If "Yes"	<b>1 point</b>
2) If "No" to 2 or "Yes" to 3 or 4	<b>1 point</b>
3)	
4)	
5) If "Yes" to 5 or 6	<b>1 point</b>
6)	
7) If "Yes"	<b>1 point</b>
8) If "Yes"	<b>1 point</b>
9) If "No" to 9 or "Yes" to 10, 11, 12 or 13	
10)	
11)	
12)	
13)	<b>1 point</b>

**Section Total:** /6