

Helpline Screening Protocol & Registration Process

Helpline Workflow

Option #1: **At-Risk of Homelessness**. Caller will be literally homeless in less than 14 days and has no resources (financial means or family/social connections) to resolve the crisis independently.

⇒ **Camillus** staff complete a Diversion screen, assess for HP assistance, identify options designed to accelerate PH options

Option #2: **Domestic Violence**. Caller is currently fleeing or attempting to flee domestic violence, sexual assault, stalking or sex trafficking.

⇒ Call forwarded to **DV Hotline**

Option #3: **Veteran**. Caller is part of a Veteran family, meaning that at least one person in the family served in the active military, naval, or air service, regardless of length of service, and who was discharged or released under any status except dishonorable discharge or General court-martial.

⇒ Call forwarded to **Miami VAMC** to assess eligibility

Option #4: **Homeless – City of Miami Beach**. Caller is physically located in City of Miami Beach and will be seeking services directly from Miami Beach.

⇒ Call forwarded to **City of Miami Beach Homeless Hotline**

Option #5: **Homeless – City of Miami/Dade County** (exclusive of Miami Beach). Caller is physically located in any part of Dade County exclusive of Miami Beach.

1. **Single Adult** (or couple without children in the household) ⇒ **City of Miami Homeless Helpline**
 - a. City Hotline staff assess if individual is currently on shelter list, complete a **Diversion screen**, assess for PH options.
 - b. Complete **Homeless Risk & Vulnerability Screen** to prioritize high-risk status and acute service needs for potential shelter referral
2. **Family** ⇒ **City of Miami Homeless Helpline**
 - a. **First time** caller and not on shelter wait list = **Diversion Screen**.
 - b. **Repeat caller** and on shelter wait list = **Homeless Risk & Vulnerability Screen**.
 - c. Camillus staff City Hotline staff assess if family is currently on shelter list, complete a Diversion screen, assess for HP assistance, identify options designed to accelerate PH options (including possible motel stay).

Confirm Caller Was Correctly Routed

- Is caller currently a **lease holder facing a court eviction**? Caller is seeking emergency rental assistance to prevent an eviction. Route to Camillus
- Is caller is experiencing **domestic violence or sexual assault** as the primary crisis? Caller is attempting to flee and is seeking emergency DV assistance, advocacy, resources. Route to DV Hotline.
- Caller is a **Veteran** experiencing a **housing crisis** (currently homeless or at risk of imminent homelessness). Route to VA.
- Caller is experiencing a **housing crisis** (currently homeless or at risk of imminent homelessness) and is currently located in the **City of Miami Beach**. Route to City of Miami Beach Hotline
- Caller is experiencing a **housing crisis** (currently homeless or at risk of imminent homelessness) and is currently located in **Dade County exclusive of Miami Beach**. Families routed to Camillus. Singles routed to City of Miami Helpline.

Registration Initiation: Client Information

First Name: _____ Last Name: _____

Household type (excluding others the client and their children may be staying with temporarily):

___ Family with minor children and/or pregnant member (with or without other children)

___ Single adult or adult only household (non-pregnant)

___ Unaccompanied youth (aged 18 – 24)

Where did household stay last night?

___ Emergency shelter* ___ Street/car/bus station/abandoned building* ___ Own apartment/home

___ Family or friend's home ___ Hospital or treatment facility ___ Other: _____

***GUIDANCE:**

If household is registered with Homeless Helpline and was in emergency shelter last night and is returning to emergency shelter tonight: Immediately check emergency shelter availability and refer for re-housing assistance. Only update registration information in CallPoint if circumstances have materially changed.

If household was unsheltered last night (street, car, etc): Register with Homeless Helpline and immediately explore other safe and appropriate options for tonight with family, friends, etc. If no safe, appropriate option for housing check Emergency Shelter availability.

CallPoint Questions

Question/ Data Field	Response
1. Is caller required to register as a sex offender?	<input type="checkbox"/> NO <input type="checkbox"/> YES
2. Collect Callers contact information	<input type="checkbox"/> Phone Number: _____ <input type="checkbox"/> Name of case worker or case manager who can reach caller: _____ <input type="checkbox"/> Location where caller slept last night: _____
3. Social Security Number	<input type="checkbox"/>
4. Date of Birth of Head of Household	<input type="checkbox"/>
5. Gender	<input type="checkbox"/>
6. Primary Race	<input type="checkbox"/>
7. Ethnicity	<input type="checkbox"/>
8. If presenting as multi-member family, indicate the current configuration of the household	<input type="checkbox"/> Adults in household <input type="checkbox"/> Boys in household <input type="checkbox"/> Girls in household <input type="checkbox"/> Documentation of children is available/present – YES <input type="checkbox"/> Documentation of children is available – NO <input type="checkbox"/>
9. Prior Living Situation (3.917)	Where did the caller sleep last night? <input type="checkbox"/> Homeless Situation <input type="checkbox"/> Institutional Situations <input type="checkbox"/> Temporary Housing Situation <input type="checkbox"/> Permanent Housing Situation <input type="checkbox"/> Other How long ago did the caller start staying at that place? _____

	<p>How long has the client been in a "literal homeless" situation? _____</p> <p>How many times has the caller been in "literal homeless" situations in the past 3 years? _____</p> <p>How many cumulative months has the caller been in "literal homeless" situations in the past 3 years? _____</p>															
<p>10. Disability</p> <p>a. No</p> <p>b. Yes</p>	<p>If Yes,</p> <p><input type="checkbox"/> Mental Health Disorder</p> <p><input type="checkbox"/> Both Alcohol and Drug Use Disorder</p> <p><input type="checkbox"/> Alcohol Use Disorder</p> <p><input type="checkbox"/> Chronic Health Condition</p> <p><input type="checkbox"/> Developmental Disability</p>															
<p>11. Monthly Income</p> <p>a. Earned income</p> <p>b. Alimony or other spousal support</p> <p>c. Child support</p> <p>d. Pension or retirement income</p>	<p>If YES → amount, start date, end date for each source</p> <table border="1" data-bbox="813 617 1487 787"> <thead> <tr> <th></th> <th>Source 1</th> <th>Source 2</th> </tr> </thead> <tbody> <tr> <td>Source:</td> <td></td> <td></td> </tr> <tr> <td>Amount:</td> <td></td> <td></td> </tr> <tr> <td>Start:</td> <td></td> <td></td> </tr> <tr> <td>End:</td> <td></td> <td></td> </tr> </tbody> </table>		Source 1	Source 2	Source:			Amount:			Start:			End:		
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Amount:																
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End:																
<p>12. Non-Cash Benefits</p> <p>a. Supplemental Nutrition Assistance Program (food stamps)</p> <p>b. Supplemental Nutrition for WIC</p> <p>c. TANF</p> <p>d. Other</p>	<p>If YES → amount, start date, end date for each source</p> <table border="1" data-bbox="813 875 1487 1045"> <thead> <tr> <th></th> <th>Source 1</th> <th>Source 2</th> </tr> </thead> <tbody> <tr> <td>Source:</td> <td></td> <td></td> </tr> <tr> <td>Amount:</td> <td></td> <td></td> </tr> <tr> <td>Start:</td> <td></td> <td></td> </tr> <tr> <td>End:</td> <td></td> <td></td> </tr> </tbody> </table>		Source 1	Source 2	Source:			Amount:			Start:			End:		
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Diversion Screening

Instructions: The following set of questions are meant to assess whether a family can be diverted from or needs entry to emergency shelter. It is meant to be an exploration of the housing crisis and options available to the household. While it collects basic data elements, it is meant to be more of a conversation than a questionnaire to determine whether the family can be diverted from entering the shelter system. Where the term “you” is used, it refers to the Head of Household unless otherwise indicated.

Diversion and housing problem-solving is used by Helpline staff and housing provider staff to immediately engage high risk families and individuals (including pregnant women) in solution-focused, guided conversation to identify available safe housing options and/or resources to secure housing and reduce risk of literal homelessness. Housing Problem-Solving is the first and most important form of assistance available from Miami/Dade Homeless Helpline and Homeless Service Providers and involves a more comprehensive exploration of the household’s current housing situation, safety issues, options and resources that could be useful to stabilize the household or otherwise help them find alternative, safe housing arrangements. Housing Problem-Solving typically also involves examining other resources and assistance that the household might access to help stabilize current housing or secure new housing.

Conversation Focus – guide for discussion; not a formal protocol

- Current situation (can you stay where you are temporarily while we work together to identify options if shelter is not immediately available?)
- Housing history (has the client been homeless before?)
- Explore existing support networks (does client have friends or family in local area?)
- Current and past income (is client able to quickly acquire, increase income?)
- Safety and risk assessment of housing options (is each housing option discussed safe, appropriate, sustainable?)
- Repeat questions and provide opportunity to add to, amend, complete previous responses

Successful Outcomes:

- ✓ Permanently back with friends or family
- ✓ Return to their own residence
- ✓ Temporarily diverted as they seek new housing
- ✓ Relocating permanently to a safe place out of town

Sample Script

What type of help is the person seeking or the reason for or circumstances that led him/her to call/come here today?

If person indicates they are having a housing crisis or requests shelter, ask the following:

Basic Household Information:

How many people are in your household?

How many in HH under 18 years old?

Recent Housing History:

Where did you stay last night? (**Do not read responses. Ask question and the choose one**)

- Rental by client, no housing subsidy – client is lease holder
- Rental by client, with housing subsidy
- Owned by client
- Staying or living in a family member’s room, apartment or house
- Staying or living in a friends room, apartment or house

- Permanent housing for formerly homeless persons (such as SHP, S+C, SRO)
- Hotel or motel
- Transitional housing for homeless persons (including homeless youth)
- Place not meant for habitation (e.g. a car, abandoned bldg, bus/train/subway station/airport or anywhere outside)
- Other

How long have you been there?

- One week or less More than one week, but less than one month One to three months
- More than three months, but less than one year One year or longer Don't Know

If the family is living in a place not meant for human habitation, go to the Previous Housing History Section

When do you have to leave?

What is the PRIMARY reason you have to leave this housing? ***(Do not read responses. Ask questions and then choose one)***

- Eviction Unable to pay rent Utility shut off Domestic Violence Unsafe situation
- Fire Condemned property Foreclosure (renter) Foreclosure (owner)
- Overcrowded Conflict with others Moved from out of town Discharge from program
- Physical illness Discharge from hospital Jail/Prison release Substance Use Mental Illness
- Other (describe):

If you are staying with someone, what is your relationship?

Did you or someone you know pay anything to live there?

If so, how much?

Could you safely stay there if we gave you some help to make permanent housing arrangements? Yes No

If no, why not? What would it take for you to be able to continue staying there?

If person indicates possibility of staying there, read the "Closing for the Diversion Screening", ask the summary questions at the end and refer to diversion/prevention services. If not, continue with the following questions:

Previous Housing History:

Where did you live before the place you stayed last night?

How long there?

If you were staying with someone, what is your relationship?

What is the Primary Reason you left?

Were you paying anything to live there?

Could you safely stay go back there if we gave you some help to find a permanent place to live? Yes No

If no, why not? What would it take for you to be able to go back there?

If person indicates possibility of staying there, read the "Closing for the Diversion Screening", ask the summary questions at the end and refer to diversion/prevention services. If not, continue with the following questions:

Alternate Housing Arrangements:

What other places have you lived during the past year? How many times have you moved in the past year?

Is there any other place you could stay for a few days if we were able to give you some help to find a permanent place to live? Yes No

If yes, what would it take for you to be able to go and stay there?

If person indicates possibility of temporary arrangements, read the “Closing for the Diversion Screening”, ask the summary questions at the end and refer to diversion/prevention services. If not, continue with the following questions:

Supports:

Has anyone been helping you recently? Yes No

If yes, could you stay with him/her/them temporarily? Yes No

What would it take for you to be able to stay there?

Do you have an income?

If yes, what is the source: employment, TANF, child support, etc.

If person indicates possibility of temporary arrangements or has any income, read the “Closing for the Diversion Screening”, ask the summary questions at the end and refer to diversion/prevention services. If not, explain that you will be referring the household to shelter and have another set of questions to help determine the best option:

Closing for Diversion Screening:

In order to best serve your family, there are a few additional questions we’d like to ask. This will help us to insure that you get the things you need.

How old are you (head of household)?

Gender of head of household: (should have been gleaned from the interview)

Any children under the age of 2 in the family? Yes No

Does HoH have HS Diploma/GED?

Have you ever applied for shelter before? Yes No

If yes, when?

Have you ever been in a shelter? Yes No

If yes, how many times?

When was the last time?

Were you in shelter as a child or a youth?

Were you ever in foster care when you were growing up?

Do you or does anyone in the family have any special needs or medical conditions?

Are you or is anyone in the family pregnant?

Family Diversion Score using the Shinn/Greer Screener

This screener was developed by Shinn and Greer to determine those families who request prevention services that are most likely to enter shelter. Upon completion of the interview, the assessor should score those families that are being referred for diversion/prevention based on the information presented. A household scoring 5 or more points should be prioritized for services.

1 point – Any of the following for the HoH

- Pregnancy
- Child under 2
- No high school/GED
- Not currently employed
- Not leaseholder
- Reintegrating into community

2 points – Any of the following

- Receiving public assistance
- Protective services
- Evicted or asked to leave by landlord or leaseholder
- Applied for shelter in last 3 months

3 points

- Reports previous shelter as adult

Age

- **1 pt:** 23 - 28 years; • **2 pts:** ≤22 years

Moves last year

- **1 pt:** 1-3 moves; • **2 pts:** 4+ moves

Disruptive experiences in childhood

- **1 pt:** 1-2 experiences; • **2 pts:** 3+ experiences

Discord (landlord, leaseholder, or household)

- **1 pt:** Moderate (4 – 5.59); • **2 pts:** Severe (5.6 – 9)

Total :

Homelessness Risk & Vulnerability Screening (immediacy of housing crisis & impact of homelessness)

RISK + VULNERABILITY LEVEL		LIVING SITUATION	OTHER HOUSING OPTIONS & RESOURCES
6	Literally Homeless Tonight AND High Vulnerability	Stayed <u>last night</u> in emergency shelter (including motel voucher) OR on the streets or in place not meant for human habitation; AND <ul style="list-style-type: none"> Exhibits factors that impact ability to quickly secure housing and resolve literal homelessness independently; AND <ul style="list-style-type: none"> If household is not assisted and remains literally homeless, they will experience more harm, trauma, violence making ultimate permanent housing placement and maintenance less viable. 	<ul style="list-style-type: none"> <u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay <u>tonight</u> <u>Lacks sufficient resources, capacity and/or supports</u> to manage independently
5	Literally Homeless Tonight AND Moderate Vulnerability	Stayed <u>last night</u> in emergency shelter (including motel voucher) OR on the streets or in place not meant for human habitation; AND <ul style="list-style-type: none"> Exhibits factors that impact ability to quickly secure housing and resolve literal homelessness independently. 	<ul style="list-style-type: none"> <u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay <u>tonight</u>
4	Literally Homeless Tonight AND Potential Vulnerability	Stayed <u>last night</u> in emergency shelter or transitional housing for people who are homeless, including hotel or motel voucher paid for by a social service or charitable organization; OR <ul style="list-style-type: none"> Stayed last night in a place not meant for human habitation (e.g., streets, parks, car, abandoned buildings, vacant lot, etc.); OR <ul style="list-style-type: none"> Must leave current housing <u>today</u> (e.g., due to court-ordered eviction, foreclosure, immediate safety or health risk, host family/friend request to leave, etc.); OR <ul style="list-style-type: none"> Must leave an institution (e.g., hospital, jail, treatment facility) <u>today</u>. 	<ul style="list-style-type: none"> <u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay <u>tonight</u>
3	Imminent Risk of Literal Homelessness (within 30 Days)	Current housing is safe; AND <ul style="list-style-type: none"> Must leave current housing within <u>30 days</u> (e.g., due to court-ordered eviction, foreclosure, imminent safety or health risk, host family/friend request to leave, family conflict, etc.); OR <ul style="list-style-type: none"> Must leave an institution (e.g., hospital, jail, treatment facility) within <u>30 days</u>. 	<ul style="list-style-type: none"> <u>Does not have</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay after the <u>next 30 days</u>.
2	At-Risk of Literal Homelessness (within 31-60 Days)	<ul style="list-style-type: none"> Current housing is safe; AND <ul style="list-style-type: none"> Must leave current housing within <u>31-60 days</u> (e.g., due to court-ordered eviction, landlord-issued eviction, foreclosure, safety or health risk, host family/friend limitation, etc.); OR <ul style="list-style-type: none"> Must leave an institution (e.g., hospital, jail, treatment facility) within <u>31-60 days</u>. 	<ul style="list-style-type: none"> <u>Does not have other</u> housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay after the <u>next 31-60 days</u>.
1	Unstably Housed	<ul style="list-style-type: none"> Current housing is safe; AND <ul style="list-style-type: none"> May have to leave current housing at some point in the foreseeable future, but not within the next 60 days (e.g., due to inability to pay rent, landlord-issued eviction, foreclosure, safety or health risk, host family/friend limitation, etc.); OR <ul style="list-style-type: none"> Must leave an institution (e.g., hospital, jail, treatment facility) within <u>90 days</u>. 	<ul style="list-style-type: none"> <u>Has</u> other housing options, financial resources, and/or support networks to maintain or obtain a safe place to stay.

Risk Level:

___ 0: Stably Housed ___ 1: At risk in more than 1 month ___ 2: At-Risk within 31 days ___ 3: Literally Homeless in Shelter ___ 4: Literally Homeless Unsheltered

Vulnerability Level:

___ 0: Potential vulnerability ___ 1: Moderate Vulnerability ___ 2: High Vulnerability

RISK + VULNERABILITY SCORE:

GUIDANCE:

Unsafe housing: Housing is considered unsafe when someone is fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including, but not limited to: trading sex for housing, trafficking, physical abuse, and violence because of the person’s sexual orientation or gender identity.

If Risk Level 3 or 4: Immediately engage in housing problem-solving assistance, enter basic information in the web-based HPN Screening & Referral Tool (ESRI), and offer referral and warm hand-off assistance, as needed, to other assistance offered by your agency or an HPN Service Provider using the web-based tool

TIE BREAKERS:

1. Most Severe Service Needs

- a. History of **high utilization of crisis services**, which include but are not limited to, emergency room, jails, and psychiatric facilities; and/or
- b. **Significant health or behavioral health challenges**, substance use disorders, or functional impairments which require a significant level of support in order to maintain housing; and/or
- c. High **risk of continued trauma** or high risk of harm or exposure to very dangerous situations.

2. Length of Time Homeless

- a. Has been homeless (total combined period of living unsheltered and/or in temporary emergency shelter) for the longest amount of time.

Housing Assessment and Service Plan Template

Instructions:

- The Case Management project is required to complete an assessment of client service needs and an initial service plan **within 15 days of participant enrollment**.
- Assessments and service plans must be updated at least every month;
- All assessments and service plans must be signed by the participant, case manager and supervisor.
- Goals must be client-driven, specific and measurable, and plans must indicate who is responsible for indicated action steps and when those action steps will occur.
- The template provides space for **up to** three goals. Participants should determine how many goals they choose to focus on. All short term goals should be documented steps to housing.
- This template is intended to be used as a supplement to the HMIS Assessment
- Case Managers are required to make assertive attempts to engage clients receiving case management services in the assessment and service planning process. Clients may opt not to participate. In such circumstances, projects should document engagement attempts.

Assessment and Service Plan Template

Part 1: Assessment

Participant Name:			
Plan Start Date:		Plan End Date:	
What is the person's plan to end their homelessness?			
What motivates this person to obtain/maintain housing?			
What is the person's long-term goal and how will housing help with that goal?			
When was the last time this person had a permanent place to live?			
Describe that place:			
Describe how person lives/sleeps now. For example, sleeps in a tent in a camp with other people; bounces between hotels, friends, family; sleeps behind the church.			
Factors that led to homelessness:			
Does the person/family have necessary documents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	List:
Does the participant have income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Source:
People who provide support (name, relationship, & contact info):			
Emergency Contact (name, relationship, contact info)			

Strengths and Supports Summary

Income and Financial:	Mental Health and Substance Use:
Employment:	Family and Supports:
Housing:	Skills:
Health:	Education:
Other: such as client has ID, Children are in school, strong family structure, good problem-solving skills.	
What strengths/supports will be most helpful in the housing access and stabilization process?	

Part 1: Assessment (Cont) - Barriers Summary

<p>Income</p> <ul style="list-style-type: none"> <input type="checkbox"/> No income <input type="checkbox"/> Insufficient income to afford housing <input type="checkbox"/> Recent decrease in income <input type="checkbox"/> Receiving unemployment or other income that is time-limited <input type="checkbox"/> Sanctioned or timed out on benefits 	<p>Debts/Expenses</p> <ul style="list-style-type: none"> <input type="checkbox"/> Monthly obligations exceed monthly income <input type="checkbox"/> Poor credit history <input type="checkbox"/> Currently in bankruptcy <input type="checkbox"/> Subject to Child Support Enforcement – e.g., “garnish wages”
<p>Education and Employment</p> <ul style="list-style-type: none"> <input type="checkbox"/> No High School Diploma or GED <input type="checkbox"/> Unemployed <input type="checkbox"/> Currently in temporary or seasonal job <input type="checkbox"/> Inconsistent work history – gaps in employment or frequent changes in jobs 	<p>Legal Issues</p> <ul style="list-style-type: none"> <input type="checkbox"/> On parole <input type="checkbox"/> On probation <input type="checkbox"/> Felony in last 5 years <input type="checkbox"/> History of violence <input type="checkbox"/> Current legal involvement <input type="checkbox"/> Needs immigration status advice
<p>Housing History</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multiple episodes of homelessness <input type="checkbox"/> One or two legal evictions <input type="checkbox"/> More than 2 evictions <input type="checkbox"/> Never had own lease <input type="checkbox"/> Evicted from subsidized housing <input type="checkbox"/> History of institutional care – e.g., state hospital, foster care, prison 	<p>Family Status</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current or past involvement with foster care system <input type="checkbox"/> Has children in foster care <input type="checkbox"/> Domestic violence survivor <input type="checkbox"/> Current involvement in abusive relationship <input type="checkbox"/> Subject to Order of Protection
<p>Health/Disability</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic physical illness <input type="checkbox"/> Health crisis, detox or hospitalization in the past year <input type="checkbox"/> Multiple hospitalizations in past year. #: ____ <input type="checkbox"/> Ongoing medical needs and no health insurance <input type="checkbox"/> Multiple disabling conditions <input type="checkbox"/> Disabling condition has negatively affected community stability <input type="checkbox"/> Not in treatment for ongoing issues 	<p>Supports/Independent Living Skills</p> <ul style="list-style-type: none"> <input type="checkbox"/> No ID <input type="checkbox"/> No or limited support networks <input type="checkbox"/> History of being unable or unwilling to seek help <input type="checkbox"/> Limited English proficiency <input type="checkbox"/> Literacy problems <input type="checkbox"/> History of problem visitors <input type="checkbox"/> Hoarding problems <input type="checkbox"/> Inadequate financial management skills <input type="checkbox"/> Other Gaps in Independent Living Skills (specify: _____)

What are the most significant barriers to housing access/stability?

What are the most significant issues that interfere with this person’s safety/wellbeing?

Other Comments:

Part 2: Service/Housing Stabilization Plan

Type of Plan: Initial Plan Update Date of Plan: From _____ to _____

Goals from Previous Plan (If applicable)

Status/Achievements and Barriers

1

2

3

Goals – Establish and Prioritize Goals Based on Current Assessment and Risk Factors

Goals (for this assistance period)		Outreach Staff Tasks	Target Date	Participant Tasks	Target Date
Goal 1:					
Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family and Friends <input type="checkbox"/> Life Skills					
Goal 2:					
Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family and Friends <input type="checkbox"/> Life Skills					
Goal 3:					
Check Area: <input type="checkbox"/> Housing Stability <input type="checkbox"/> Financial <input type="checkbox"/> Health/Mental Health <input type="checkbox"/> Substance Use <input type="checkbox"/> Family and Friends <input type="checkbox"/> Life Skills					

Participant Signature:		Date:	
Staff Signature:		Date:	
Supervisor Signature:		Date:	