

Assessment Domains

CTI Informed *



Housing Transitions
QUERI

Veteran's Name and Date of Enrollment in Pre-CTI:		/ /
Basic Demographics Age, Ethnicity, Household Composition, Current Location, etc.		

Housing & Homelessness History — Last 5 Years

Name/ Location	Type	Start Date	End Date	Lease-holder	Reason Leaving
				Yes No	
				Yes No	
				Yes No	
				Yes No	
				Yes No	
Every evicted from housing?	Yes	No	Reason:		
Ever in foster care?	Yes	No			
Barriers to Housing Stability? Disruptive behaviors, trouble budgeting, visitors create problems, involved in illegal activity, no experience as lease holder, noncompliance with rules...					
Housing Plan Short- and Long-Term					
Housing Goals					
Motivation to Maintain Housing:					

Employment History — Last 5 Years

Employer	Position / Title	Wage	Start Date	End Date	Reason Leaving
Employment Goals:					
Services Currently Receiving:					
Services Needed to Access or Maintain Employment:					
Motivation to Obtain Employment:					

Income, Benefits & Entitlements

Income Sources	Status	Plan
Unemployment Income	Yes No	
Supplemental Security Income (SSI)	Yes No	
Social Security Disability Income (SSDI)	Yes No	
Veteran's Disability Payment	Yes No	
Private Disability Insurance	Yes No	
Workers Compensation	Yes No	
General Assistance	Yes No	

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Income, Benefits & Entitlements (Continued...)

Income Sources	Status	Plan
Other (List:)	Yes No	
Alimony of other spousal support	Yes No	
Unemployment Insurance	Yes No	
Veteran's Pension	Yes No	

Plan to Apply For or Maintain Income Benefits

Task:		Responsible Party:	
Does this person have a representative payee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Yes', Name:		Relationship, Phone Number:	

Other Sources/Benefits	Status	Other Sources/Benefits	Status
Non-cash Benefits	Yes No	Private Health Insurance	Yes No
Food Stamps	Yes No	VA Medical Services	Yes No
Medicaid	Yes No	Other (List):	Yes No
Medicare	Yes No	Other (List):	Yes No

Goals and Plan to Apply For or Maintain Non-cash Benefits

Task:		Responsible Party:	
Barriers to Obtaining/ Maintaining Benefits & Entitlements:			

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Debts

Current Debts?	Yes	No	If Yes, List Total Below
Debts	Status		Amount Owed
Utilities	Yes	No	\$
Rent	Yes	No	\$
Credit Card	Yes	No	\$
Mortgage	Yes	No	\$
Medical Bills	Yes	No	\$
Car	Yes	No	\$
Overdue Child Support	Yes	No	\$
Gambling	Yes	No	\$
IRS	Yes	No	\$
Other (Include Informal Debts):	Yes	No	\$
Credit Status / Score:			
Plan to Pay Off Debts:			
Services Needed:			
Motivations to Resolve Credit / Debt Issues:			
Financial Goals:			

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Legal

Legal Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probation / Parole Status:		
Name of PO:		Date Supervision Ends:

Felony History — Last 5 Years

Date	Charge / Crime

Incarceration History — Last 5 Years

Start Date	End Date	Facility	Reason / Charge

Current Involvement e.g., engaging in criminal activity, current legal proceedings, outstanding warrants, subject to order of protection, etc.	
Services Needed:	
Goals:	
Motivations to Resolve Legal Issues:	

Education History

Highest Grade Completed or Current Enrollment:			
<input type="checkbox"/>	Grade in School, if Enrolled:_____	<input type="checkbox"/>	Some High School
<input type="checkbox"/>	Technical Certification, Field:_____	<input type="checkbox"/>	Some College
<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Other:_____
Current Education Status:		<input type="checkbox"/>	In School
		<input type="checkbox"/>	Applying for School
Name of School:			
Current Progress:			
Has IEP or Section 504 Plan?		<input type="checkbox"/>	Yes
		<input type="checkbox"/>	No
		If 'Yes', check all that apply below:	
<input type="checkbox"/>	Autism	<input type="checkbox"/>	Multiple Disabilities
<input type="checkbox"/>	Deafness	<input type="checkbox"/>	Orthopedic Impairment
<input type="checkbox"/>	Deaf-Blindness	<input type="checkbox"/>	Other Health Impairment
<input type="checkbox"/>	Emotional Disturbance	<input type="checkbox"/>	Speech or Lange Impairment
<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	Traumatic Brain Injust
<input type="checkbox"/>	Intellectual Disability	<input type="checkbox"/>	Visual Impairment
<input type="checkbox"/>	Leaning Disability	<input type="checkbox"/>	Other:

Comment on Academic Functioning e.g., attendance, grades, learning ability, behavioral issues etc.	
Education Goals:	
Services Needed:	

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Family / Dependent Children

Family:	Notes:	
Household Status & Composition:		
Names & Ages of Children:		
Names & Relationships of Supportive Family Members:		
Has children in foster or kinship care?	Yes No	
If Children's Services Involvement: <i>Status, Worker Name, and Contact</i>		
Domestic Violence History?	Yes No	
Services Needed:		
Goals Regarding Family:		
Motivation to Use Services:		

Physical & Behavioral Health

List Any Diagnosis <i>Mental Health, Substance Abuse, Mental Retardation, etc.</i>	Severity of Illness	Treatment History
Current Treatment / Service Providers: Name, Organization, Phone Number		
Previous Treatment Providers: Last 3-5 Years, Agency/Hospital, Dates		

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Physical & Behavioral Health

How health issues impact community stability (check all that apply):					
<input type="checkbox"/>	Pay Rent	<input type="checkbox"/>	Disruptive Behavior	<input type="checkbox"/>	Hoarding
<input type="checkbox"/>	Noise	<input type="checkbox"/>	Visitors	<input type="checkbox"/>	Other:

Current Medications:			
Adherence to Medication Regimen:	<input type="checkbox"/> Almost Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Never

If substance abuse diagnosis, <u>current status</u> and impact on functioning:							
<input type="checkbox"/>	Actively Using Not A Problem	<input type="checkbox"/>	Actively Using A Problem	<input type="checkbox"/>	Reducing Use	<input type="checkbox"/>	Abstinent Sobriety Date:
Frequency of Use:							
<input type="checkbox"/>	Daily	<input type="checkbox"/>	Several Times a Week	<input type="checkbox"/>	Once A Week	<input type="checkbox"/>	Less than A Week

Hospitalization in Last 3-5 Years	Reason	Hospital
Date:		
Date:		
Date:		
Detox in last 3 years: Number of inpatient detox stays		
Services Needed:		
Motivation to Use Services: Pre-contemplation, contemplation, preparation, action, maintenance		
Narrative Explanation:		
Goals:		

Independent Living Skills / Supports

<p>Nature of Social Relationships Identify supports and significant others, also identify negative influences and relationships</p>				
<p>History of Seeking and Using Help / Assistance</p>				
<p>Independent Living Skills Checklist <i>Circle the number which applies:</i></p>	1	Mostly Independent		
	2	Needs Help Sometimes		
	3	Needs Help Most of the Time		
	4	Always Needs Assistance		
	NA	Not Applicable		
<p>Independent Living Skills <i>Score 1-4 in Right Column</i></p>	1. Pay Bills	Score 1-4:		
	2. Budgeting and Managing Money	Score 1-4:		
	3. Maintaining Entitlements and Other Paperwork	Score 1-4:		
	4. Maintaining a Home	Score 1-4:		
	5. Preparing / Obtaining Meals	Score 1-4:		
	6. Traveling			
	7. Personal care / Hygiene			
	8. English Proficiency			
	9. Literacy			
	10. Awareness of Needs and Knowledge When to See Help			
	11. Able to Access Help When Needed			
	12. Managing Health / Behavioral Health Need and <u>Services</u>			
	13. Taking Medications			
	14. Keeping Appointments			
	15. Discriminating Danger / Asserting and Protecting Self			
	TOTAL SCORE on Independent Living Skills (Max Score = 60 Points)			
<p>Goals, Ability, and Motivation to Improve Skills:</p>				

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Barriers Summary

Income		Debts / Expenses	
	No Income		Monthly obligations exceed monthly income
	Recent Decrease in Income		Poor credit history
	Receiving unemployment or other income that is time-limited		Currently in bankruptcy
	Sanctioned or timed out benefits		Subject to child support enforcement — e.g., 'garnish wages'
Education & Employment		Legal Issues	
	Not enrolled in school (and should be)		On parole
	Awaiting IEP		On probation
	No High School Diploma or GED		Felony in the last 5 years
	Unemployed		History of violence
	Currently in temporary or seasonal job		Current legal involvement
	Inconsistent work history — gaps in employment or frequent job changes		Undocumented immigrant
Housing History		Family Status	
	Multiple episodes of homelessness		Current or past involvement with foster care system
	One or two legal evictions		Has children in foster care
	More than two evictions		Domestic violence survivor
	Never had own lease		Current involvement with batterer
	Evicted from subsidized housing		Subject to 'Order of Protection'
	History of institutional care — e.g., state hospital, foster care, prison		
Health / Disability		Supports / Independent Living Skills	
	Chronic physical illness		No ID
	Health crisis, detox or hospitalization in the past year		No or limited support networks
	Multiple hospitalizations in the past year: #_____		History of being unable or unwilling to seek help
	Ongoing medical needs and no health insurance		Engaged in abusive relationship
	Multiple disabling conditions		Limited English proficiency
	Disabling condition has negatively affected community stability		Literacy problems
			Gaps in Independent Living Skills
	Not in treatment for ongoing issues		History of problem visitors
			Hoarding problems
			Inadequate financial management skills

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Strengths Summary

Income and Financial:	
Employment:	
Housing:	
Health:	
Mental Health & Substance	
Family & Supports	
Skills:	
Education:	
Other:	

Name of CTI Worker who filled out form:		Date:	/ /
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