Homelessness Assessment Tool (HAT) Ve	rsion 9 (May, 2	(025)	
Client Name: HMIS#			
Interviewer Note: Before beginning the assessment, please look up a Please check the client's immigration status as well. Also, check to se assessment was completed within the last 6 months, please use the	ee the date of the la	st assessm	nent. If an
event has occurred in the client's life.			
•look for any documented disability information.			
•look at questions: #3,#5, #6, and #7 as it relates to household size. HMIS. Please verify with the client that the information is accurate.	Answer as much as	s possible	from
•Make an effort to make the client as comfortable as possible, and o blanket, or something to eat). Give them time to chat, and as much sphysically and emotionally.			_
1) Would you rather have these questions asked in another language Interviewer Note: STOP: If the person requires translation services place before proceeding, and add a vulnerability point here.		YES	NO
Intro Script			
Interviewer Says: "Thank you for meeting with me today. My role is homelessness and into a safe environment with stable housing. This understand your situation and determine the type of housing assista assessment doesn't guarantee housing, it will help guide us toward the still need to explore other opportunities. The questions are about defincluding but not limited to your health, well-being, or reasons you mabout 15 minutes. Some questions might bring up experiences that the thing is all kept confidential in a secure homeless database. Just keep the better I'll be able to understand your situation and assist you goi answering any of these questions just say pass and we can come back anything I can do to make you feel more comfortable?" Interviewer Note: Make every effort to support the client in the way to more honest answers, as the client will feel supported. Getting to know you Interviewer Says: Lets get started with some easy questions. Then will there are things that might put you at risk more than others.	Homelessness Assest nee you may qualify he best options avaitails related to your night need extra supwere difficult or evening forward. If you and to it later or skip it they describe. This	ssment Too for. While lable, and homeless port, and en traumat ou're able re uncomf t altogethe s will hope	e this you will status, should take ic for you. to share, ortable er. <u>Is there</u> fully lead
2)Do you have any identification?	YE	ES	NO
Interviewer Note: If they have identification, please take the age information f check HMIS and see if their date of birth is listed there and confirm with them t	·	uestion #3. I	f they do not
3) Interviewer look up the person's age, or ask: How old are you? Interviewer Note: Is the person between the ages of 18-24 or 55 and old under 18 yrs. old consider a referral to Center for Youth (Hotline #585-271-	•		
•If between the ages of 18-24: Were you ever homeless as a child (u	ınder age 18)?	YES	NO
•If between the ages of 18-24: Have you ever been in foster care or en foster care system	tered the	YES	NO

4) In the last year, have you stayed in a place like a car, a park, the sidewalk, or an abandoned building, a place where people don't typically stay?	YES	NO
<u>Income</u>		

5) Do you have any income?	YES	NO
6) If yes, What is your current monthly income amount?		
Interviewer Note: Calculate the annual income by multiplying this amount by 12. Use the table below to determine if they will receive a vulnerability point. If income is under the 50% AMI (see chart) add 1 point https://www.huduser.gov/portal/datasets/il/il2025/2025summary.odn?		

FY 2025 Income Limits Summary

FY 2025 Income Limit		Persons in Family						
Category	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$) Click for More Detail	36,400	41,600	46,800	51,950	56,150	60,300	64,450	68,600

Household size and families

Interviewer says: The next set of questions explores your community, family, friends, and other support nets.

7)How many people will move to permanent housing with you? Interviewer Note: Calculate: Based on the family makeup does this household require a 3-bedroom unit or larger?	YES	NO
8) Is it hard for you to get your kids to school right now because of your housing situation?	YES	NO

Interviewer Note: If the person answers yes, and they are staying in a shelter, please see the McKinney Vento Law Fact Sheet https://www.nysed.gov/essa/mckinney-vento-act-homeless-education-fact-sheet

9) Do you have reliable childcare so you can attend your appointments and search	YES	NO	
for housing?	NA		

Environmental Vulnerabilities

Interviewer Says: These questions are to find out what would make finding housing easier for you.

10) Do you ever need help reading and/or understanding paperwork or mail?	YES	NO
11) Do you have a GED or Diploma?	YES	NO
12) In the last 2 years have you ever been asked to leave your housing or been legally evicted?	YES	NO

Disability

Interviewer Says: We're going to ask about disabilities now. Based on your answers to these next questions we can determine what housing options may be available for you. Please answer as much as you feel comfortable with as there may be some other services and/or housing options available to you. You do not have to give any specific information about your disability that you don't want to. It's important to note that this next section of questions is not only about you, but relates to any member of your household who lives with you.

Interviewer Note: If the client says they have a disability and they have documentation, enter it into HMIS now. There may be a conversation that develops from this; collect answers from that conversation. <u>Some suggested conversation starters</u>: *Do you have any health issues? Has anyone every told you that you have any health issues?*

13) Has a medical provider told you or any member of your household that you have	e a	
terminal medical condition, meaning that you may need more support, like hospice	or YES	NO
end-of-life planning?		

Interviewer Note: If the answer is yes, after you finish the assessment please ask if they need more support and referrals like those mentioned above.

14) Do you or any member of your household have any chronic health issues, which could include but is not limited to heart disease, cancer, diabetes, stroke, HIV/AIDS, or arthritis?	YES	NO
15) Does any member of the household have any of the following disabilities?If yes, please select all that apply: a. physical disability b. mental, or emotional diagnosis c. substance abuse diagnosis Interviewer Note: If they checked yes to 15a ask question 17. If the client says they have a disability and they have documentation, enter it into HMIS now.		
16) Has there been any substance misuse now or in the past, or has your substance misuse diagnosis ever affected your housing or your relationships with others?	YES	NO
17) Do you or any member of your household have a physical disability that limits your access to housing? (i.e., require a handicap-accessible with ramps, hard-of-hearing doorbells and alarm systems, or railings, etc.)	YES	NO

Interviewer Note: STOP. Time to check in with your person to assess if they can continue with the assessment.

Interviewer Says: We have about three sections remaining. Again, I appreciate your honesty thus far. Please let me know if you need a break at any time. How are you doing so far? (As long as the client is ok to proceed, continue with the assessment. If not, then stop and continue at a better time).

Interactions with the Criminal Justice System

Interviewer Says: I know this next question can be tough, it's about any past involvement with the legal system. You don't have to answer if you don't want to, but it may affect the kind of housing options you can access so it's helpful to be honest here.

18) Have you ever been convicted of a crime? Interviewer Note: If the person answered yes, check the sex offender registry after the client has left the interviewer room and note the results in the Coorinated Entry/Prioritization List application. https://www.criminaljustice.ny.gov/SomsSUBDirectory/search_index.jsp	YES	NO
19) Has there ever been a time when you felt pressured to do something you didn't want to do or put you at risk just to have a place to stay?	YES	NO
 20) Is your current homelessness in any way caused by: a relationship that broke down or an unhealthy relationship, or because someone caused you to be evicted? 	YES	NO

General Personal Vulnerabilities

Interviewer Says: The next set of questions explores basic needs, such as activities for daily living for yourself and your household members. Please take your time to answer the following questions.

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21) Are you or anyone in the household pregnant and in the 3rd trimester (6 months or		
more) or		
Have you or anyone in the household given birth within the last 3 months?	YES	NO
22) Do <u>you</u> need help with taking care of yourself (for example: bathing, changing	YES	NO
clothes, using a restroom, making meals, and other things like that)?	11.5	IVO
23) In the past 6 months have you felt unsafe where you were living?	YES	NO

Domestic Violence

Interviewer Says: I recognize that these questions may be difficult to answer, and please feel free to answer only as you feel comfortable. We are here and can support you as much as possible.

24) In the last 2 months (60 days) have you or any household member been threatened, physically harmed, or subject to verbal, mental, or physical abuse by someone they live with?	YES	NO
25) Are you or anyone in your household afraid of someone knowing where you live?	YES	NO

Interviewer Says: Thank you for your time. Do you need any additional support regarding any of the things I asked you about today? Please remember that this assessment is not a guarantee that you will receive a referral for housing placement; you need to continue to search for other housing options in the community.

Score Ranges:	Total Points
to= Referral to Rapid Rehousing	(40 possible points)
to= Referral to Permanent Supportive Housing	