



Navigator's Rapid Rehousing Participant Case Summary

Participant HMIS #: _____

Navigator Name: _____

Navigator Agency: _____

Date Rapid Rehousing Overview Pamphlet Issued to participant: _____

Family Composition: (who will be housed with HOH)

Current Living Situation:

- Shelter, Name: _____
- Agency paid hotel
- Place not meant for human habitation

Interested in shelter?

- No
- Yes, Shelter Tool completed on: _____
- Already in Shelter

Shelter Name: _____

Do not disclose if in DV shelter or fleeing a dangerous situation

Marital Status:

- Single
- Married
- Widowed
- Divorced

Preferred Language Spoken:

- English
- Spanish
- Creole
- Other: _____

Preferred Methods of contact:

- Phone: _____
- Email: _____
- Point of contact: _____

Do you have any children that are not in your custody? No Yes

If yes, did you understand and signed the Navigation & RRH Acknowledgment Form? No Yes

Open Dependency or Diversion Case? No Yes

If yes, please provide Case Worker name and contact info: _____

Highest level of education completed:

- Less than High School
- High School Diploma or GED
- Technical/Occupational Certificate
- Some College
- Associates Degree
- Bachelor's Degree
- Master's Degree

Any pets or service animals?

- No
- Yes, *if so*, what type of animal and breed? (i.e. dog, bird, cat, snake, etc.)

Is this pet a service animal? Yes No

	All Household Members <i>Note: At least one minor under the age 18 has to be in the home</i>	Age	Relationship
<u>1</u>			<u>Self</u>
<u>2</u>			
<u>3</u>			
<u>4</u>			
<u>5</u>			
<u>6</u>			
<u>7</u>			
<u>8</u>			
<u>9</u>			



Medically diagnosed physical, behavioral or psychological disability for any members of the household?

No Yes (If yes, who? list the type of disability)

If there were services available to address a medical need or concern, what type of services would you or family be interested in receiving to help promote housing stability?

Do you have any accessibility issues we need to know about? (i.e need handicap unit, ground floor, etc.)

No Yes (If yes, list the need) _____

Do you or your family have medical insurance?

No Yes

If yes, who? what type of plan? _____

Legal Concerns:

Any history of felony convictions? No Yes (If yes, list the type of charge)

Any history of evictions? No Yes (If yes, list the # of evictions and year of each eviction)

Current Financial Situation:

Total Household Gross income for all adults 18+: \$ _____

Any known financial stressors (economic events that create anxiety or worry): No Yes, list type
(i.e. Medical Debt, Credit Card Debt, Rental Arrears, Utility Debt, Job Loss, Lack of Stable Income, etc.)

Participant Strengths (potential sources of strength, coping, and resilience) How will you support you and your family in the housing process and avoid any reoccurrences in experiencing homelessness?



Acknowledgement

By signing this form, you acknowledge:

- You read, understand and have been provided **information about the Rapid Rehousing Program**
- You have received a copy of the **RRH Overview Pamphlet**
- You have **answered all the questions truthfully and to the best of your ability**

Participant Name: _____

Participant Signature: _____

Date: _____

Receipt by (Navigator Name): _____