



Navigator's RRH 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?

- N/A (already in shelter)
- No
- Yes

If yes, Shelter Tool completed on: _____

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 an Open Dependency or Diversion Case? No Yes

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

Please provide Case Worker name and contact info: _____

Highest level of education completed:

- Less than High School Diploma 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.)

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

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

	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>			



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 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

(If 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): _____