



## Navigation Case Summary for Youth Rapid (RRH-Y)

Participant HMIS #: \_\_\_\_\_

Navigator Name: \_\_\_\_\_

Navigator Agency: \_\_\_\_\_

Date Rapid Rehousing /ROPAL Overview Pamphlet issued to participant: \_\_\_\_\_

### Current Living Situation:

- Shelter, Name: \_\_\_\_\_
- Hotel (paid by a community agency)
- Place not meant for human habitation

Household Composition: (List all potential HH members)

### Interested in shelter?

- Yes
- No
- Already in shelter

Shelter Name: \_\_\_\_\_

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

	All Household Members	Age	Relationship
1			<i>Self</i>
2			

### 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?  Yes  No

Do you have anyone planning to move in with you if housing is obtained?  Yes  No

If yes, who and what is the relationship? \_\_\_\_\_

Rank Housing Program Preference: (0- not an option, 1- primary preference, 2- second preference)

ROPAL \_\_\_\_\_ RRH \_\_\_\_\_

If Housing Program Preference is ROPAL: (Skip if not)

What counties are you open to living in? (Orange, Osceola, Both) \_\_\_\_\_

Are you ok with sharing a room with another youth?  Yes  No (ROPAL is a roommate program)

### 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 yes*, what type of animal and breed? (I.e. dog, bird, cat, snake, etc.)

Is this pet a certified service animal?  Yes  No

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

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

**If there were services available to address a medical need or concern, what type of services would you 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, your child, or significant other have medical insurance?**

- Yes  No

If yes, with 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 or ROPAL Program**
- You have received a copy of the **RRH/ROPAL 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):** \_\_\_\_\_