





**HPRP Kansas City Project Hope  
Neighborhood and Community Services Department  
Human Services Division**



**Needs Assessment Form (Paper Version of MAACLink)**

Prior Living Situation: <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing for Homeless <input type="checkbox"/> Hotel/Motel vouchers in lieu of Emergency Shelter <input type="checkbox"/> Non-housing (street, park, car, bus station, places not meant for human habitation) <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility <input type="checkbox"/> Hospital <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Domestic Violence Situation <input type="checkbox"/> Living with Relatives/Friends <input type="checkbox"/> Rental Housing <input type="checkbox"/> Other – please specify: _____	
Length of Stay at Prior Living Situation: <input type="checkbox"/> One Week or Less <input type="checkbox"/> More Than One Week, But Less Than One Month <input type="checkbox"/> One to Three Months <input type="checkbox"/> More Than Three Months, But Less Than One Year <input type="checkbox"/> One Year or Longer	
General Area of Location of Previous Residence: <input type="checkbox"/> Within _____ County (within city of _____) <input type="checkbox"/> Within _____ County (outside city of _____) <input type="checkbox"/> Outside _____ County <input type="checkbox"/> Outside the state of _____	
Zip Code of Last Permanent Address: _____	
Is any Member of Family Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Projected DOB: ____ / ____ / ____	
Employment Information	
Head of Household	Second Adult
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
If Unemployed, Are You Looking For Work: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Unemployed, Are You Looking For Work: <input type="checkbox"/> Yes <input type="checkbox"/> No
If Unemployed, Were you <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned From Your Last Job ** Last Date of Work: ____ / ____ / ____	If Unemployed, Were you <input type="checkbox"/> Fired <input type="checkbox"/> Laid Off <input type="checkbox"/> Resigned From Your Last Job ** Last Date of Work: ____ / ____ / ____
If Employed, How Many Hours Do You Work A Week? _____	If Employed, How Many Hours Do You Work A Week? _____
If Currently Employed, Select Tenure: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal	If Currently Employed, Select Tenure: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal
Current Employer: _____ Address: _____ City/Zip: _____ Phone: (____) _____	Current Employer: _____ Address: _____ City/Zip: _____ Phone: (____) _____



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**Income Summary**

Select Source and List Amount of Income	Head of Household		2 <sup>nd</sup> Adult	
	Last 30 Days	Last 90 Days	Last 30 Days	Last 90 Days
Supplemental Security Income (SSI)				
Social Security Disability Income (SSDI)				
Social Security				
General Public Assistance				
Temporary Aid to Needy Families (TANF)				
State Children's Health Insurance Program (SCHIP)				
Veterans Benefits				
Employment Income				
Unemployment Benefits				
Veterans Health Care				
Medicaid				
Food Stamps				
Other (e.g., alimony, child support, worker's compensation) – Please Specify				
Total Income By Adult				
Total Household Income	Last 30 Days		Last 90 Days	

**Adult Education Summary**

Highest Level of Education Completed:					
	HOH	2 <sup>nd</sup> Adult		HOH	2 <sup>nd</sup> Adult
No Schooling Completed	<input type="checkbox"/>	<input type="checkbox"/>	Nursery School to 4 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
5 <sup>th</sup> or 6 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>	7 <sup>th</sup> or 8 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
9 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>	10 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
11 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>	12 <sup>th</sup> Grade, No Diploma	<input type="checkbox"/>	<input type="checkbox"/>
High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	GED	<input type="checkbox"/>	<input type="checkbox"/>
Technical Degree or Certification	<input type="checkbox"/>	<input type="checkbox"/>	Associate Degree	<input type="checkbox"/>	<input type="checkbox"/>
Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	Graduate Degree or Beyond	<input type="checkbox"/>	<input type="checkbox"/>
Currently in School or Working on Degree					
			HOH <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <sup>nd</sup> Adult <input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Military Information**

Have You Served in the U.S. Military – Army, Navy, Air Force, Marines, Coast Guard	HOH <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <sup>nd</sup> Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Were You Honorably Discharged	HOH <input type="checkbox"/> Yes <input type="checkbox"/> No	2 <sup>nd</sup> Adult <input type="checkbox"/> Yes <input type="checkbox"/> No

**Child Education**

Are the Children Ages 5 to 18 Years Old Presently Attending School:  Yes  No

If No, Date Last Attended School: \_\_\_\_/\_\_\_\_/\_\_\_\_

Why are the Children Not Presently in School: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Schools Children Are Attending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supportive Services**

Current Supportive Services That Household Is Utilizing

Outreach – Provider: \_\_\_\_\_

Case Management – Provider: \_\_\_\_\_

Life Skills (Outside of Case Management) – Provider: \_\_\_\_\_

Alcohol or Drug Abuse Services – Provider: \_\_\_\_\_

Mental Health Services – Provider: \_\_\_\_\_

HIV/AIDS-Related Services – Provider: \_\_\_\_\_

Health Care Services – Provider: \_\_\_\_\_

Education – School: \_\_\_\_\_

Housing Placement – Provider: \_\_\_\_\_

Employment Assistance – Provider: \_\_\_\_\_

Child Care – Provider: \_\_\_\_\_

Transportation – Provider: \_\_\_\_\_

Legal – Attorney, Firm, Legal Aide: \_\_\_\_\_

Other – Please Specify: \_\_\_\_\_

\_\_\_\_\_



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**Referrals**

- Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)
- Social Security
- General Public Assistance
- Temporary Aid to Needy Families (TANF)
- State Children's Health Insurance Program (SCHIP)
- Veterans Benefits
- Employment Income
- Unemployment Income
- Unemployment Benefits
- Veterans Health Care
- Medicaid
- Food Stamps
- Outreach – Provider: \_\_\_\_\_
- Case Management – Provider: \_\_\_\_\_
- Life Skills (Outside of Case Management) – Provider: \_\_\_\_\_
- Alcohol or Drug Abuse Services – Provider: \_\_\_\_\_
- Mental Health Services – Provider: \_\_\_\_\_
- HIV/AIDS-Related Services – Provider: \_\_\_\_\_
- Health Care Services – Provider: \_\_\_\_\_
- Education – School: \_\_\_\_\_
- Housing Placement – Provider: \_\_\_\_\_
- Employment Assistance – Provider: \_\_\_\_\_
- Child Care – Provider: \_\_\_\_\_
- Transportation – Provider: \_\_\_\_\_
- Legal – Attorney, Firm, Legal Aide: \_\_\_\_\_
- Other – Please Specify: \_\_\_\_\_



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**Needs Assessment Form (Paper Version of MAACLink)**

**Homelessness Prevention and Rapid Re-Housing Program (HPRP)  
Risk Factor Assessment**

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

Date Completed: \_\_\_\_\_ Completed By: (print) \_\_\_\_\_

*This form is intended to assist the case manager to holistically assess a household's needs, determine suitability for the HPRP program, and to plan case management services accordingly. For each issue, check one and only one level that most closely reflects the household's current situation. Use your judgment to make decisions based on the definitions for each category. These divisions are fluid, not rigid, because service needs can and do change over time.*

Assessment Type:  Entry     Re-certification     Exit     Six Months Post Exit

**Part 1: Basic Program Eligibility**

**Housing**

1 Individual meets definition for chronic homeless or household has history of multiple evictions

2 One-time homeless more than six months or one eviction

3 In transitional, temporary or substandard housing or current housing is unaffordable

4 Currently homeless, or at imminent risk of becoming homeless, for the first time

5 Adequate, unsubsidized or subsidized housing or never been homeless

**Income**

1 History of no income

2 Inadequate or sporadic income

3 Able to meet basic needs and manage debt with subsidy

4 History of meeting basic needs and managing debt without subsidy but recently experienced sudden loss of income or increase in expenses, i.e. utilities

5 Income is sufficient, little or no debt outside housing costs

**Employment**

1 Unable to work, not eligible for subsidy, or inadequate job skills

2 History of temporary or seasonal work only or minimal job skills

3 Receiving or waiting disability or unemployment benefits due to recent lay off or not working due to enrollment in education or training program

4 Employed but pay is inadequate and few or no benefits or adequate job skills

5 Employed with adequate pay and benefits or good job skills

**Education**

1 No high school diploma/GED

2 Enrolled in GED program or has high school diploma/GED

3 Needs or is enrolled in additional education/training program, expected to finish within 18 months, to improve employment prospects

4 Some college or certification

5 College graduate or advanced certification

Instructions: Add up the total number of check marks for each category in Part 1. If score is 11 or below, **STOP**. Applicant is not a good candidate for the HPRP program and should be referred to other community resources for needed services. If score is 12 or above, proceed with the assessment.

**Part 2: Expanded Eligibility Determination**

**Literacy**

1 No command of the English language, literacy problems are serious barriers to employment

2 Enrolled in literacy program or English as a Second Language (ESL)

3 Completed literacy (ESL) program, developing command of the English language

4 Minimally English proficient, language is a minimal barrier to employment

5 Full command of the English language, can read, write and speak well, no barriers to employment



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<b>Substance Abuse</b>	
<input type="checkbox"/> 1	Actively using/abusing drugs/alcohol or avoids or neglects essential life activities due to use/abuse
<input type="checkbox"/> 2	Evidence of persistent or recurrent social, occupational, emotional or physical problems related to use
<input type="checkbox"/> 3	Actively involved in substance abuse treatment/self-help program
<input type="checkbox"/> 4	Completed treatment and no drug/alcohol use in last six months
<input type="checkbox"/> 5	No history of substance abuse
<b>Mental Health</b>	
<input type="checkbox"/> 1	Experiencing severe difficulty in essential life activities or very unstable
<input type="checkbox"/> 2	Suspected but undiagnosed mental illness and persistent problems with functioning due to mental health symptoms
<input type="checkbox"/> 3	Current mental health diagnosis and only mild to moderate difficulty in functioning due to symptoms
<input type="checkbox"/> 4	Mental health symptoms being managed through treatment and good functioning in wide range of activities
<input type="checkbox"/> 5	No history of mental illness
<b>Legal</b>	
<input type="checkbox"/> 1	Ex-offender and non-compliant with probation/parole
<input type="checkbox"/> 2	Ex-offender and compliant with probation/parole
<input type="checkbox"/> 3	Outstanding warrants or current charges/trial pending
<input type="checkbox"/> 4	Prior arrests but no felony record or has successfully completed probation/parole
<input type="checkbox"/> 5	No criminal history
<b>Health</b>	
<input type="checkbox"/> 1	Multiple disabilities and/or chronic health concerns
<input type="checkbox"/> 2	Some household members suffer from chronic health conditions/disabilities
<input type="checkbox"/> 3	Some health issues untreated or currently being addressed
<input type="checkbox"/> 4	Health issues are treated or have been addressed
<input type="checkbox"/> 5	No disabilities or health conditions
<b>Transportation</b>	
<input type="checkbox"/> 1	No access to transportation, public or private for example, may have car but it is inoperable
<input type="checkbox"/> 2	Transportation is available but is unreliable, unpredictable, and/or unaffordable for example, may have car but no insurance, license, etc.
<input type="checkbox"/> 3	Transportation is available and reliable but limited and/or inconvenient or driver's license is restricted
<input type="checkbox"/> 4	Transportation is generally accessible to meet basic travel needs
<input type="checkbox"/> 5	Transportation is readily available and affordable and car is adequately insured
<b>Child Care (Score only if applicable)</b>	
<input type="checkbox"/> 1	Needs child care but none is available/accessible and/or child is not eligible
<input type="checkbox"/> 2	Child care is unreliable or unaffordable or inadequate supervision is a problem for child care that is available
<input type="checkbox"/> 3	Affordable, subsidized child care is not available when needed
<input type="checkbox"/> 4	Affordable, subsidized child care is available but limited
<input type="checkbox"/> 5	Reliable, affordable child care is available, with or without subsidies
<p>Instructions: Add up the total number of check marks for each category in Part 2. Add to the score from Part 1. If combined score is <b>29</b> or below, (<b>32</b> or below if child care was scored) <b>STOP</b>. Applicant is not a good candidate for the HPRP program and should be referred to other community resources for needed services. If score is <b>30</b> or above (<b>33</b> or above if child care was scored), proceed with the assessment and consider enrollment provided all other criteria such as income eligibility are met.</p>	
<p>Determination: Eligible for Enrollment      Yes    <input type="checkbox"/>      No    <input type="checkbox"/></p>	



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**Part 3: Service Needs Assessment** – this section is not scored and as such does not affect eligibility for the KC Hope Project Homelessness Prevention and Rapid Re-Housing Program. Assessment in these areas is intended to guide the case management process and help identify outcomes from participation in the program.

**Domestic Violence**

- History of abuse with multiple partners
- Recent or current victimization
- Currently undergoing or completed DV counseling
- Free from batterer/abuser
- No history of abuse

**Basic Needs**

- History of no food or means to prepare it, unable to meet other basic needs
- Relies to a significant degree on sources of free or low-cost food and other basic needs
- Able to meet basic needs with the use of food stamps/WIC
- Can meet basic needs but requires occasional assistance
- Can meet basic needs without assistance

**Life Skills**

- Unable to meet the demands and challenges of daily living
- Can meet a few but not all the demands and challenges of daily living without assistance
- Can meet most but not all the demands and challenges of daily living without assistance
- Able to meet most of the demands and challenges of daily living with or without assistance
- Has adaptive and positive behaviors needed to deal effectively with the demands and challenges of daily living

**Health Care**

- No medical coverage
- Great difficulty assessing medical care when needed
- Some members of household have access to medical coverage
- All household members have medical coverage but struggle to cover unreimbursed treatment costs
- All members are covered by adequate, affordable medical coverage

**Child Welfare**

- Home is not safe; reports to the child welfare system result in the child's removal from the home
- Open children's services case; history of child welfare system involvement; parenting skills are minimal
- Intervention continues; parenting skills are apparent but not adequate
- Family has been reunified, no recent child welfare system involvement, parenting skills are adequate
- Family is intact, parenting skills are well developed, no history of child welfare system involvement

**Children's Education**

- Age appropriate children are not enrolled in school
- Age appropriate children are enrolled in school but not attending class; no parental involvement
- Enrolled children only occasionally attend class; minimal parental involvement
- Age appropriate children are enrolled and attending class most of the time; parents are marginally involved
- All age appropriate children are enrolled and attending classes on a regular basis; parents are actively involved



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**Family Relations**

- Lack of necessary support from family or friends; abuse present
- Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse
- Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to community and support each other
- Strong support from family/friends; household members support each other's efforts
- Health/expanding support network is present; household is stable and communication is consistently open

**Community Involvement**

- No community involvement; in survival mode
- Socially isolated and/or no social skills; lacks motivation to become involved
- Lacks knowledge of ways to become involved
- Some community involvement but has barriers, transportation, child care issues, etc.
- Actively involved in the community