

Family Metrics

Standards for Success

Standards for Success: Any questions that the Standards for Success icon are next too are required to be answered. Leaving those questions blank reports to HUD “information not collected”. If you don’t know the answer to a question, choose unknown or another neutral answer.

Contact/General/Emergency Contact

Gender Male Female Unspecified Unknown

HUD ROSS Program Enrolled

Insurance/Physician/Caregiver

Has Insurance

YES NO Refused Resident Doesn't Know Unknown

Through Employer

N/A YES NO

Medicare

YES NO N/A

Medicaid

YES NO N/A

Veteran Status

YES NO Widow Resident refused Resident does not know Unknown

Primary Physician YES NO Refused Resident does not know Unknown

Race/Ethnicity/Languages

Ethnicity Hispanic or Latino NOT Hispanic or Latino Unknown

RACE Check all that apply

- Black or African American Native Hawaiian or Other Pacific Islander
Asian White
Hispanic/Latino Native American/Alaskan Native

Education Status

Primary/Secondary Education

- N/A
High school graduate Month and year completed _____
GED Month and year completed _____

Post-Secondary Education (Leave blank if N/A to client)

- Associates Bachelor's degree Masters PHD
Month and year enrolled _____ Month and year completed _____

Trade/Vocational (Leave blank if N/A to client)

- Certificate Program
Month and year enrolled _____ Month and year completed _____

Employment

- Not working Choose a reason
Currently Working

Employment Details

Start Date _____ Employment Type _____
Wage/Salary _____ Per _____
Occupation _____

Financial Status

- EITC

Positive Cash Assets

- Checking Account Status Has Wants No Date opened _____
Savings Account Status Has Wants No Date opened _____
Individual Development Account
Status Has Wants No Date opened _____

Housing Status

Housing Status (Choose one)

- Market Rate Rental Affordable Housing Public Housing Section 8-Voucher
 Disaster Voucher Program Tenant Protection Voucher Temporary Housing-Trailer
 Section 8-Project Based Affordable Housing-Senior/Disability Housing
 Supportive Housing Temporary Housing-Friends or Family Temporary Shelter
 Temporary Homeless Chronically Homeless HOPE VI/Relocated
 Living with a FHRA Resident Scattered Site Other

Public Assistance Status

- TANF Food Stamps SSI SSDI

ADL/IADL ASSESSMENTS

ADLs (If not needed check that resident doesn't have any ADL's)

- Bathing Eating Transferring
 Dressing Grooming

Adult personal assistance services used for any of the above tasks? Specify which ones

IADLs (If not needed check that resident doesn't have any IADL's)

- Handling Transportation Managing medications
 Manage money/Sorting paperwork (bills) Shopping
 Housekeeping and other basic home maintenance Preparing meals
 Using telephone/Operating home equipment

Adult personal assistance services used for any of the above tasks? Specify which ones

Does the resident have a disability as defined by the American with Disabilities Act and determined by a physician, Medicaid or other authority?

YES (fill out information below) NO Resident Refused Resident Does Not Know Unknown

What type of disability category does the resident have?

- Impairment is Primarily physical, including mobility and sensory impairments
- Impairment is primarily menta, including cognitive and learning impairments
- Impairment is both physical and mental
- Resident refused
- Resident does not know
- Unknown

Does the resident with the disability demonstrate a need for assistance with activities of daily living, including eating, bathing, grooming, and dressing and home management activities?

- Yes, the disabled resident requires services to manage daily activities
- No, the disabled resident does not require services for daily activities
- The disabled resident was not assessed for this criterion
- Resident refused
- Resident does not know
- Unknown

Has the resident received a routine medical examination by a health care provider in the last 12 months?

Yes

Date of last routine medical examination with a health care provider required _____

- No
- Resident refused
- Resident does not know
- Unknown

Is the resident currently being treated for substance abuse or dependence, or have they been treated in the past 12 months?

- Yes the resident is currently being treated
- The resident is not currently being treated but has been treated in the last 12 months
Estimated date of last treatment _____
- The resident has never been treated for substance abuse or dependency
- Resident refused
- Resident does not know
- Not applicable
- Unknown

Confidentiality Agreement

Click on Confidentiality Agreement tab. Scroll down and put in your name and the date in which the paper agreement was signed. Put paper copy in file