

How Housing First Can Help Prevent and End Chronic Homelessness



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A band of merry misfits hell-bent on ending chronic homelessness, promoting social justice and living our values.

4 member team led by Iain De Jong + 5 bench players

Work takes us from Hawaii to Rhode Island, Minnesota to Texas - as well as Canada, and Australia.

ORG CODE

In a typical year we will work with several hundred communities on social change, practice, and policy.

Creators of the SPDAT

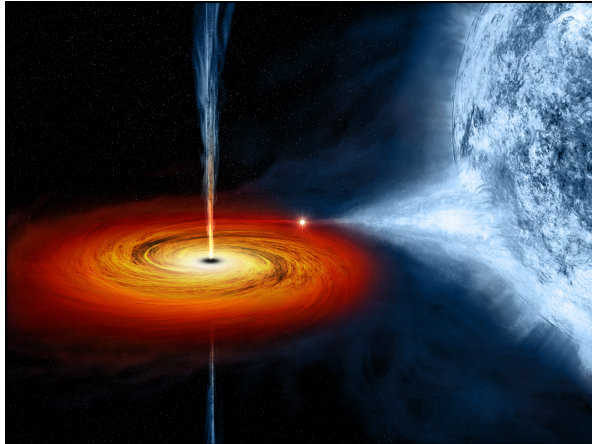


1. What We Know to Be True about Homelessness
2. What is Housing First
3. How Housing First Can Enhance our Practice & Outcomes:
 - CES
 - Prevention/Diversion
 - Sheltering
 - Housing Locations
 - Housing Stabilization



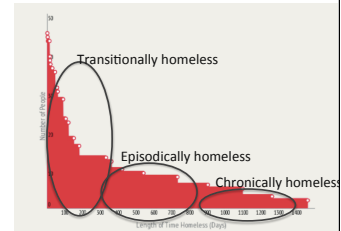
Let's Start the Conversation...

Agree, Disagree or Unsure



The Truth About Homelessness

- It is a VERY rare occurrence.
- In just about every North American community it represents less than 1% of the total population.
- It represents only a small fraction of people experiencing economic poverty.
- It represents a tiny percentage of people with a substance use disorder or mental illness.



Homelessness is Misunderstood & It Impacts Practice



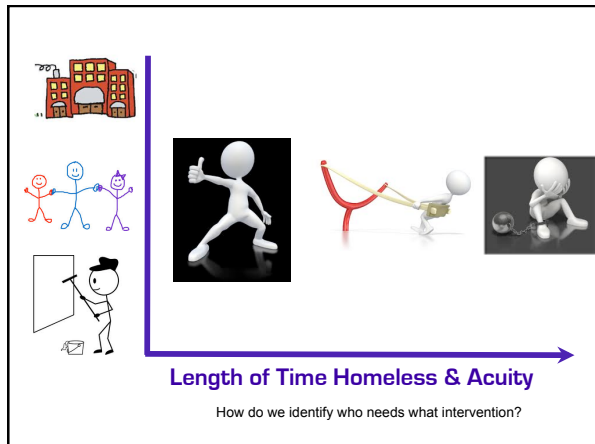
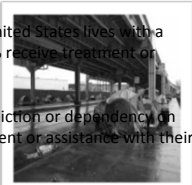
43 Million people living in poverty, 1 be homeless on any given night.

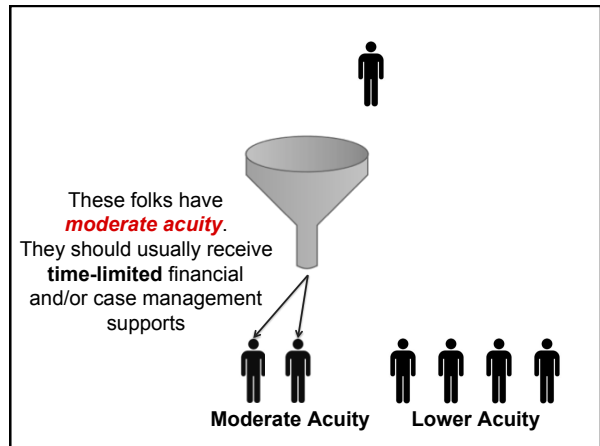
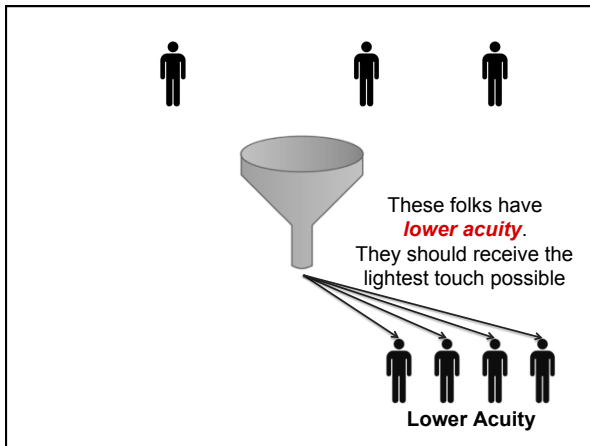
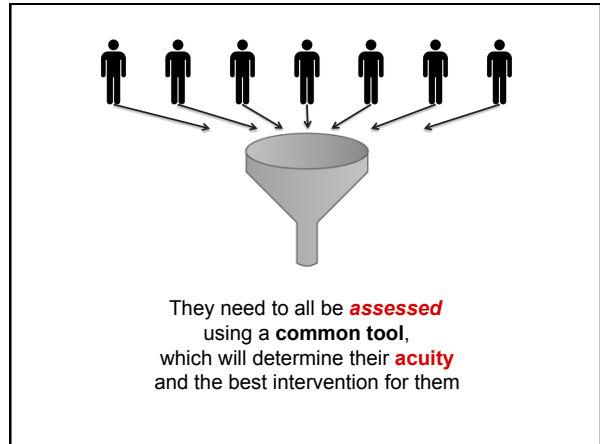
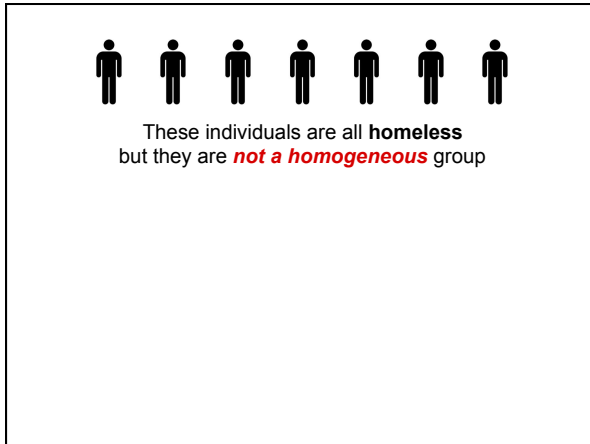
ce programs only assist 5 Million

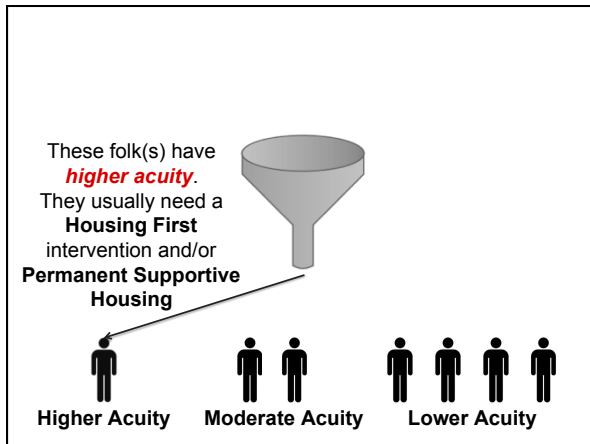
on in the United States lives with a serious mental illness. Only 42% receive treatment or counseling.

7% of the population has an addiction or dependency on alcohol. 93% receive nor treatment or assistance with their problematic alcohol use.

3% of the population uses other illicit drugs. 88% receive no treatment or counseling.







Cognitive Dissonance

- **Evidence** is when there are facts that make an approach or belief true. **Opinion** may or may not be aligned to evidence.
- Cognitive dissonance occurs when opinions over-ride evidence and sees an alternate approach as being true when there is not evidence to support it.
- Common cognitive dissonance examples in ending homelessness:
 - A belief that all types of homelessness can be ended or prevented;
 - A belief that local conditions are so unique that proven practices will not apply locally;
 - A belief that anything other than housing will end homelessness;
 - Moral beliefs about behavior over-ride what study shows.

Values & Beliefs

- Our own values and beliefs influence our practice.
- We are wired to have an **emotional response** to information before a logical response.

Housing do housing & homelessness programs exist?

- Divert people away from the homeless service delivery system
- Provide a rapid response to those that require an intervention through progressive engagement
- Put an end to chronic and episodic homelessness
- Ensure emergency/crisis responses function relative to their original intent (short-term, infrequent)
- Focus on the only know solution to homelessness – **housing!**

Why do homeless programs and services exist?

They exist to end homelessness.

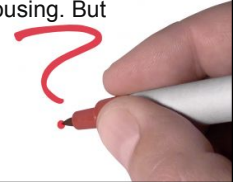
For some people this will mean a support program that comes with housing; others won't require anything more than their emergency needs being met.

They house people.



Why do homeless programs and services exist?

- **Substance use** can impact housing. But homeless programs are **not substance use recovery programs.**
- **Life skills** can impact housing. But homeless programs are **not life skills training programs.**
- **Mental wellness** can impact housing. But homeless programs are **not psychiatric programs.**



Why do homeless programs and services exist?

- **Kids** can impact housing. But homeless programs are **not parenting programs.**
- **Physical health** can impact housing. But homeless programs are **not health programs.**
- **Lack of employment** can impact housing. But homeless programs are **not employment programs.**
- **Budgeting** can impact housing. But homeless programs are **not money management programs.**



Why do homeless programs and services exist?

Homeless services exist to **end homelessness.**
They don't **heal or fix** people.

They house people.



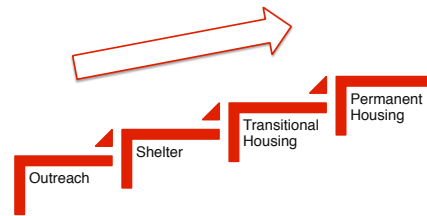
Myths Impede Our Success

- Substance users need to achieve sobriety to be successful in housing.
- People with mental health issues need to take their meds and be connected to a psychiatrist to be successful in housing.
- People need to be "housing ready".
- Chronically homeless people choose to be homeless.
- People need to hit "rock bottom" before they are ready to make important life changes.
- Shelters need a lot of programming to prepare people for success in housing.
- Social control equals a social service.



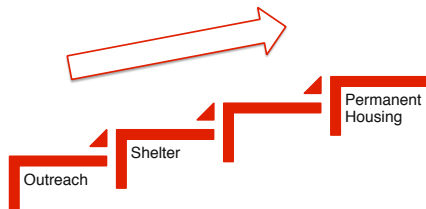
Steps to Housing

Traditional Model



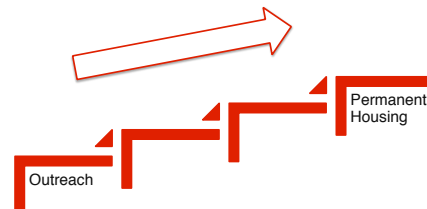
Steps to Housing

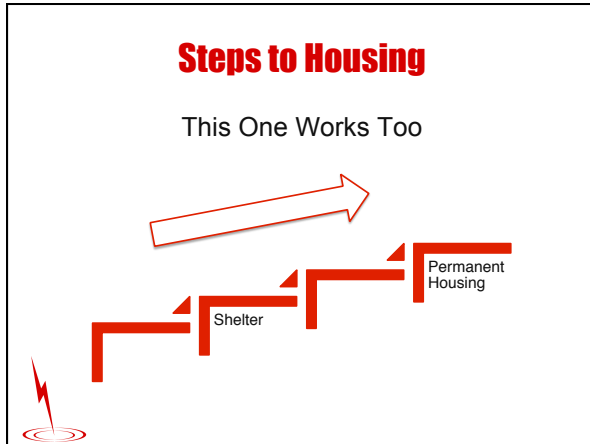
A Better Model



Steps to Housing

Even Better





Housing First...

- As a ***philosophy*** it is the belief that homeless individuals should be assisted in accessing housing as quickly as possible with supports delivered in community.
- As an ***intervention*** it is the delivery of direct supports through Assertive Community Treatment or Intensive Case Management, intentionally working with those people that have most acute needs first.

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Rapid Re-Housing...

- Is a support intervention that shares the ***same philosophy as Housing First.***
- As an ***intervention*** it is the delivery of direct supports through Case Management, intentionally working with those people that have moderate acuity.

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Before and After

<ul style="list-style-type: none"> • Before Housing First: <ul style="list-style-type: none"> - oriented towards <i>emergencies and crises</i> - emphasis on determination of how ready a person is seen for housing <ul style="list-style-type: none"> • less "risk" seen as a good fit for housing - program volume heavy within the emergency service system - many rules or requirements for accessing housing and supports <ul style="list-style-type: none"> • lots of compliance 	<ul style="list-style-type: none"> • After Housing First: <ul style="list-style-type: none"> - oriented towards <i>housing and case management services</i> in housing - emphasis on identifying and serving the person with highest acuity <ul style="list-style-type: none"> • more "risk" seen as a good fit for housing - program volume heavy within housing services - few rules or requirements for accessing housing and supports <ul style="list-style-type: none"> • low barrier
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Housing as a Right... Not a Reward

- Housing is expected. It is not a goal in and of itself.
- Getting people out of homelessness is the primary function of all funded projects.
- Multiple studies have shown once people are housed:
 - Reduced substance use
 - Better health outcomes
 - Improved mental wellness
 - Better employment outcomes
 - Fewer interactions with emergency services



System Transformation to Prevent & End Homelessness...

- Shift from funding driven, independent programs to an integrated service model that is outcome-based, solution focused and dedicated to maintaining housing stability.
- Examine the Sectors of Service dedicated to ending homelessness:
 - Prevention & Diversion
 - Connection to Permanent Solutions
 - Re-housing Services
 - Ancillary Services

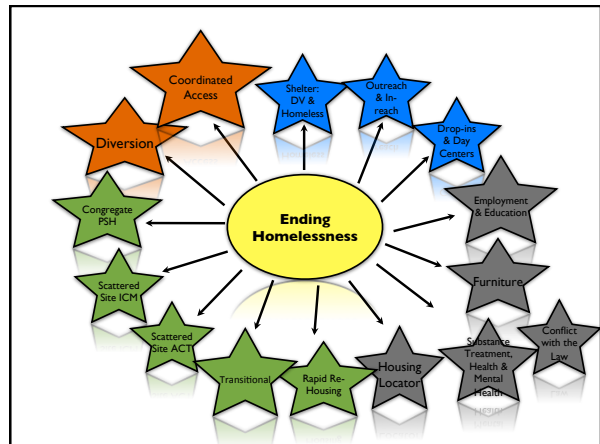
Sector 1: Diversion

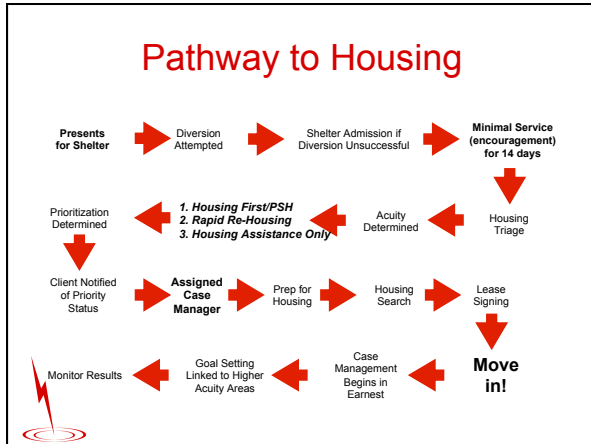
Sector 2: Connecting to Permanent Solutions

Think in Terms of the Roles and Functions of Each Sector in Ending Homelessness

Sector 3: Ancillary Services

Sector 4: Housing & Supports

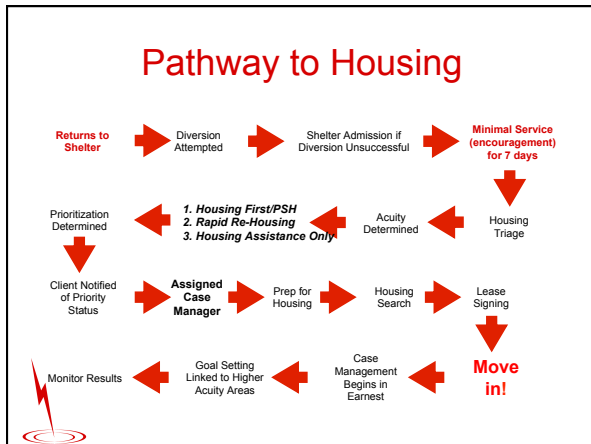




Pathway to Housing

WAIT!!!

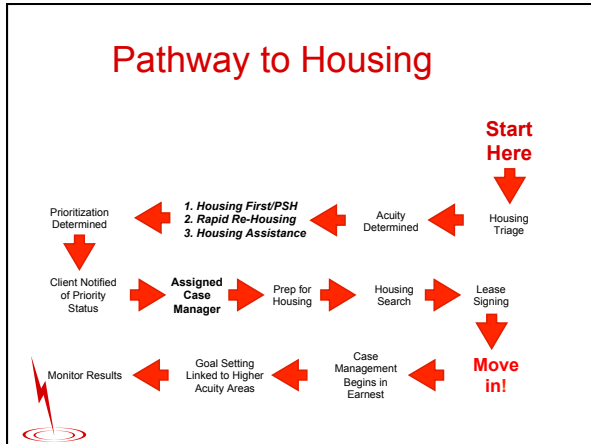
What about people that *return* to shelter?



Pathway to Housing

WAIT!!!

What about *long-term shelter stayers* or people living *outdoors*?



Making Enhancements to Improve Your Service/Practice

HOW HOUSING FIRST CAN PREVENT & END HOMELESSNESS...

Coordinated Access... in a Nutshell

How to get the right youth, single adult or family to the right intervention, in the right order, in the most objective and efficient manner possible.

- ### Why Should We Do Coordinated Entry?
- It is the missing ingredient to reaching functional zero in many communities.
 - It is in the best interest of any person or family experiencing homelessness.
 - It is the most efficient and effective way to use your existing resources while concurrently learning what you need to change, fix, stop doing, or add to your system of care.
 - If you get CoC or ESG, funding it is required.
-
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Backbone Premises

- Homeless and housing services are not always easy to figure out, especially if homeless for the first time.
- Most organizations work really hard to be exceptionally good at its work - but that doesn't mean everyone that comes to its door is a good fit.
- "Service shopping" is inefficient and ineffective for people in need and for service organizations.
- Helping a person/family get to the right intervention at the right time to end their homelessness is important.
- If a person/family can end their own homelessness they should be empowered to do so before intensive services are provided.
- Eligibility DOES NOT EQUAL entitlement, nor prioritization.



Time is Ticking

CoC establishes or updates its coordinated entry process in full compliance with HUD requirements by January 23, 2018

CoC Program interim rule: 24 CFR 578.7(a)(8) HUD Coordinated Entry Notice 17-11: Section I.B



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Screening Out

- A person or family **cannot** be screened out of the **coordinated entry process** for any of the following reasons:
 - too little or no income
 - active or a history of substance use
 - domestic violence history
 - resistance to receiving services
 - type of extent of disability services that may be required
 - history of evictions or poor credit
 - lease violations or no history of being a leaseholder
 - criminal history



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Coordinated Entry is the Only Way to Access Housing


- Access to emergency shelter does **not** have to be prioritized.
- Access to housing needs to be prioritized.
- There is **NO** way to access permanent housing other than through Coordinated Entry.
- Does this reflect your current reality?



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Prevention vs Diversion


- Prevention = sustaining an existing safe, appropriate tenancy
- Diversion = locating safe, appropriate alternatives to shelter once a person/family has become homeless
- *Are you implementing the 9 Steps of Diversion?*



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For Diversion to Work...


- Diversion IS a service. NOT the absence of service.
- Diversion should NEVER use assessment too far upstream.
- NO over-rides for diversion attempt.
- NOT assessing for assessment sake...NOT about creating waiting lists.




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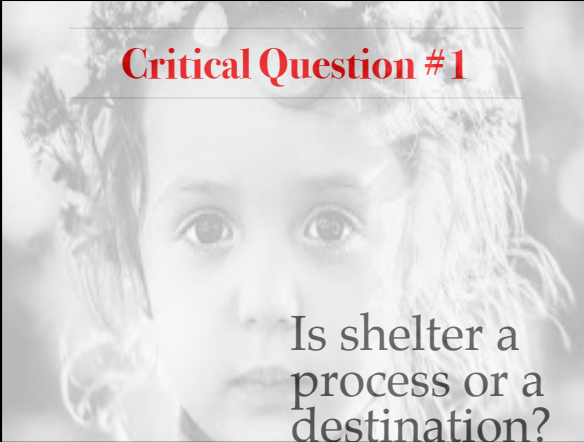
A Connection to Permanent Solutions

BEING AN AWESOME SHELTER



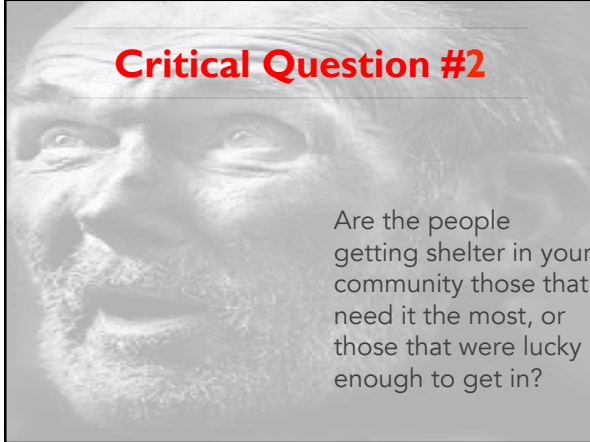
- **Emergency shelters** are a vital part of the process of ending homelessness
- **Emergency shelters** play an **important role** in a homelessness crisis response system
- The effectiveness of emergency shelter greatly impacts your system's performance





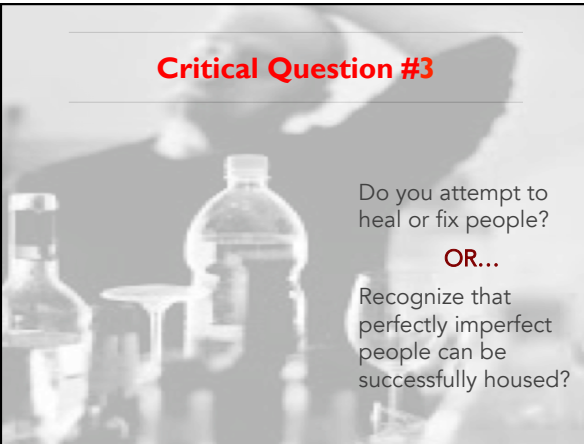
Critical Question #1

Is shelter a process or a destination?



Critical Question #2

Are the people getting shelter in your community those that need it the most, or those that were lucky enough to get in?

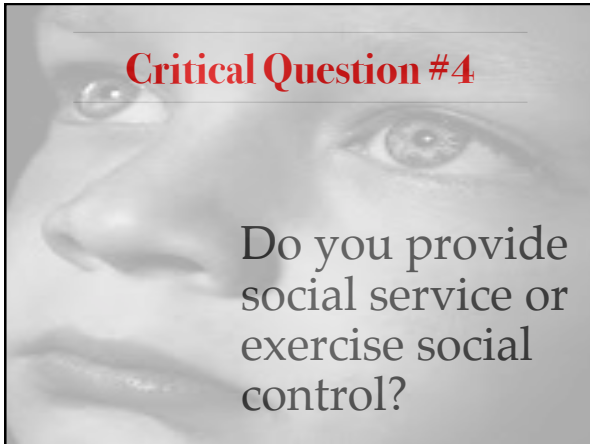


Critical Question #3

Do you attempt to heal or fix people?


OR...

Recognize that perfectly imperfect people can be successfully housed?



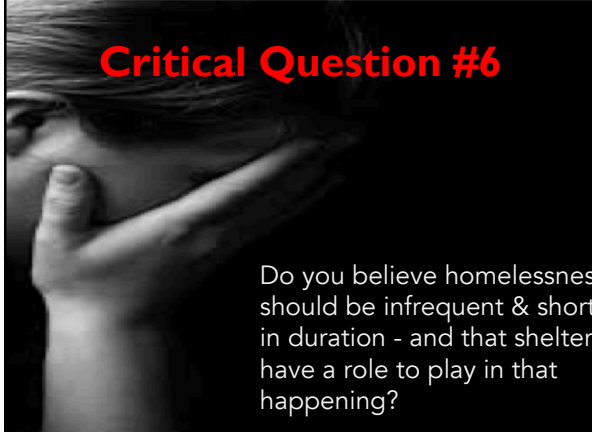
Critical Question #4

Do you provide social service or exercise social control?



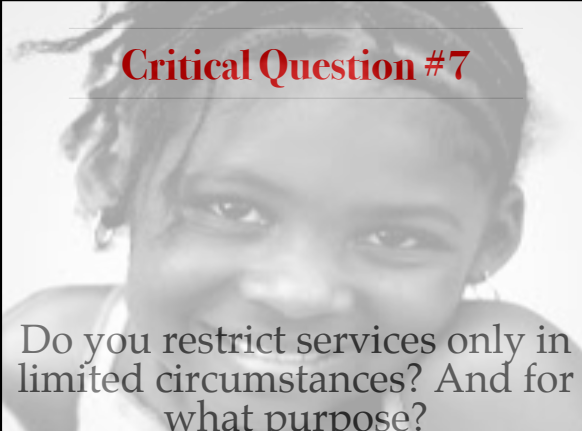
Critical Question #5

Does the built form and layout promote dignity and decrease conflict?



Critical Question #6

Do you believe homelessness should be infrequent & short in duration - and that shelters have a role to play in that happening?




Critical Question #7


Do you restrict services only in limited circumstances? And for what purpose?

**Key Components of Emergency Shelters
In an Effective Crisis Response System**

- ✓ Housing First approach
- ✓ Immediate and easy access
- ✓ Housing-focused services
- ✓ Rapid exits to permanent housing
- ✓ Measure outcomes to improve performance




Social Service Instead of Social Control




RULES

How can a shelter promote safety without creating unnecessary barriers to services and housing?



Reviewing the Rules

- How does this activity/service get people into or hinder people from getting housing?
- How does this keep people safe?
- Is this rule about controlling or changing behavior?
- Does this rule hinder people from getting housed quickly?



Re-tooling the Rules

The “Marvin” Rule



Re-tooling the Rules

Which rules cause people to be kicked out the most?

- Decide which behaviors are a safety issue and which behaviors are a behavior management issue that was handled by asking the client to leave

Restrict "barring" or service restriction rules to:

- Matters of violence (including sexual violence).
- Excessive damage to property.
- Theft



The Solution to Homelessness is Housing

HOUSING LOCATION AND LANDLORD NAVIGATION

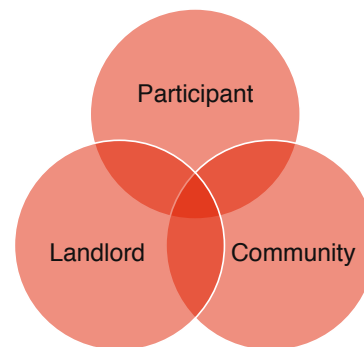


How to Secure It

- **Strategically** maximize available resources (TRA, TANF, CoC, ESG, etc.) for those that will need it the most
- Take a business approach:
 - Designated **housing locator**
 - Attempting to make landlord more money
 - Examine opportunities in **under-performing parts of portfolio**



Relationships & Connections



Why are landlord relationships important?

- Lifeblood of our programs
- They are the ones who have what we need to end homelessness
- Expand choice and help us to enhance community integration
 - More housing opportunities = Less concentration



What do Housing Support Programs want from Landlords

- Units!
- Affordable Rents – FMRs for PSH, less for RRH
- Reduced screening criteria
- Inspection-ready – Pass HQS and/or Habitability Standards
- Partnership – communication on tenancy issues and opportunity for support and intervention



What do Landlords Want?

- Money
- No vacancies
- No hassles/easy lease up
- Rent on time
- Lease compliance
- Unit in good condition
- Prompt follow up when they have concerns



Landlords Want Easy Lease Up

- Simple forms
- Rent reasonableness
- Answers to questions
- Move in fees
- Quick turnaround/fast Housing Quality Standards/Habitability Standards



Define Your Role

- A **liaison**; not a “mini-landlord”
- Will **check-in** on a monthly basis, including rent payment follow-up
- **How to contact, when and why**
- Ensure landlord knows what info you can share and what is private
- Will work to **mediate** issues



Choice, Not Placement

- Participants actively engaged in **articulating preferences and needs**.
- Participants presented **options to choose from**; not placed in a unit.
- Case manager may have to present to the client the possibility of moving **from the rural area** to the more populated areas.



Triple A

- Options prepared for participant based upon:
 - **A**ffordability
 - **A**ppropriateness
 - **A**ctionable



For Housing to Be Considered

- Must be in **habitable condition**
- **Standard** tenancy agreement
 - Tenancy not linked to program participation
- Housing is “**permanent**”
- Participant has **privacy** and **controls access** to unit



Range of Traditional Housing Options

- Scattered-site
- Congregate
- Roommate
- Single occupancy
- Homes/rooms
- Traditional apartments
- Shared housing options



Other Housing Location Options

- Get creative:
 - Basement apartments
 - In-law suites over garages
- Watch Craigslist
- Local newspapers
- Word of mouth
- May have to move your client to a different area with more resources



Support in the Housing Process

- No blind referrals
- Participant accompanied to all **viewings**
- Participant assisted with **lease signing**
- Participant assisted with **move-in** and building orientation



Avoiding Saturation

- Unless there are on-site 24/7 supports, no building shall have **more than 15%** of all units occupied with active participants (across all agencies providing housing supports) at one time.



Landlords Want the Rent on Time

- Housing Assistance Payment
 - 1st rent payment
 - Ongoing payment
 - Consistent (direct deposit)
 - communication
- Tenant Rent
 - Supportive service
 - Budget
 - Affordable
 - Payee



Landlords Want Lease Compliance

- Relationship
- Mediation
- Quick response
- Emergency numbers
- Eviction prevention
- Avoid court



Landlords Want their Unit Kept in Good Shape

- Dual benefit
 - HQS Inspection
 - Decent, safe, sanitary
 - Repairs
 - Educate the tenant
 - Keep the landlord informed
 - Funds for Damages and Vacancy Loss



The Journey to Stability

HOUSING STABILIZATION



Housing IS Harm Reduction

- Housing as a right, not a reward
- Multiple studies have shown once people are housed:
 - Reduced substance use
 - Better health outcomes
 - Improved mental wellness
 - Better employment outcomes
 - Fewer interactions with emergency services



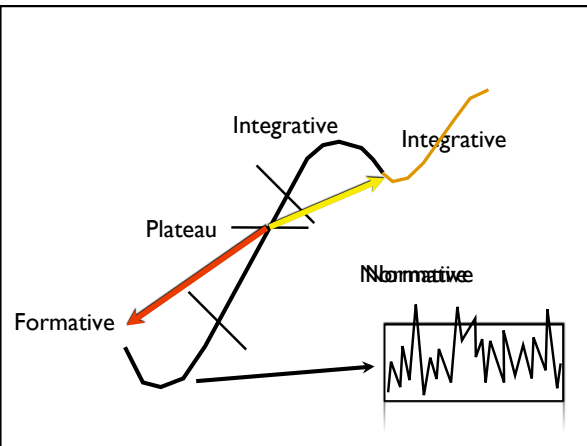
Housing First IS Trauma Informed

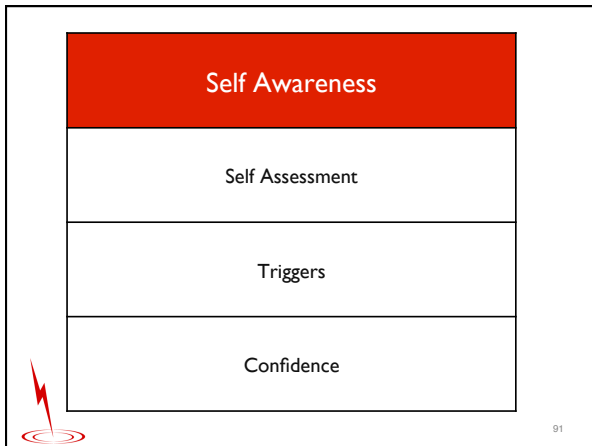
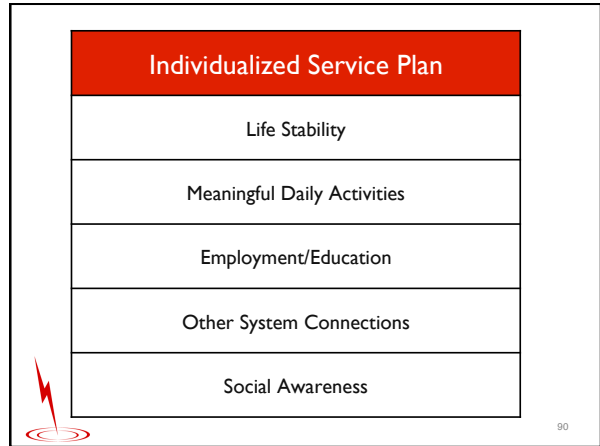
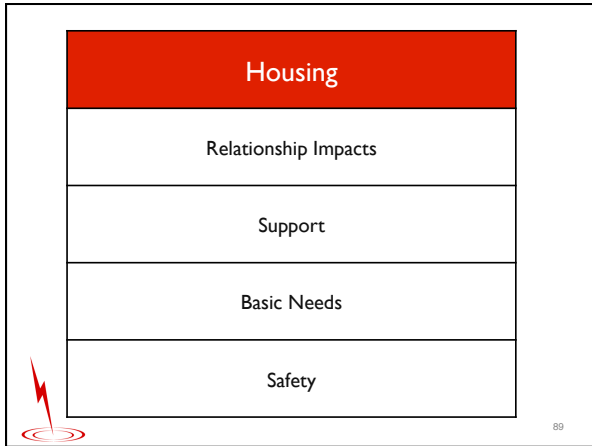
- In the journey to housing stability, the goal is to return a sense of control and autonomy to the participant.
- Emphasis is on skill building and services are strength based.
- There is a focus on prevention of further trauma – safety planning & homelessness proofing.

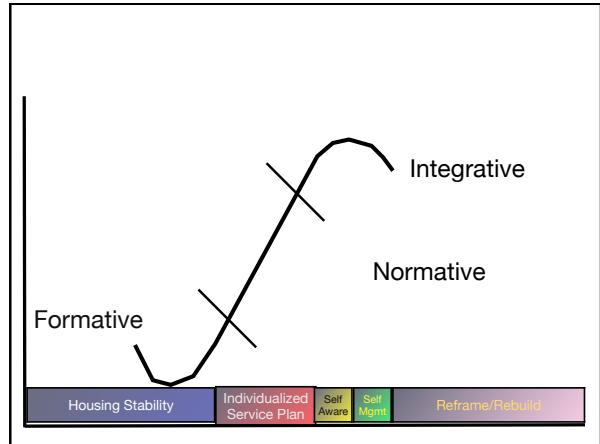
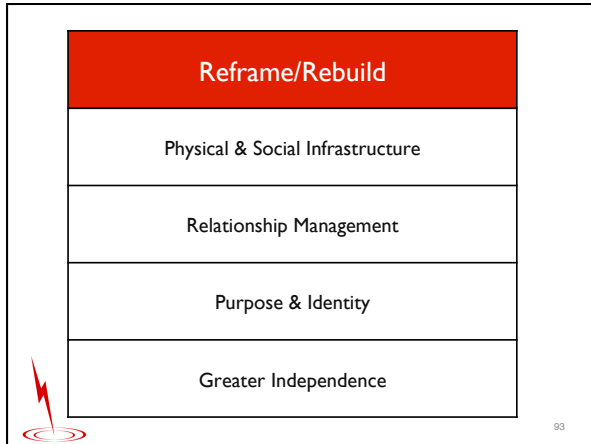


The Journey to Housing Stability

THE 5 ESSENTIAL & SEQUENTIAL STAGES







The Housing Support/Case Manager

- A housing-based case manager is an **organized and trained professional** that acts as a **positive change agent** in holistically assisting individuals/families in **achieving and maintaining housing**, while concurrently promoting awareness and teaching strategies that **reduce the likelihood of a return to homelessness** in the future.

Service Requirements

- Professional, **trained** staff
- **NOT** Monday to Friday, 9-5
- *Face to face* interaction with individuals in their homes
- Documented, planned, sequential, and **strategic**
- Ensures **fidelity to practice**

Service Requirements

- 15-20 clients per worker in Housing First; 25-35 in Rapid Re-Housing
- Time spent with each client **guided by acuity level**
- **The # of clients seen per day impacted by geography**
- *Structured* case planning
- Professional **boundaries**



Things Case Management is NOT

- A **crisis response**; nor is it crisis driven.
- Doing things **for** clients. It is doing things **with** them.
- A **dependent** relationship
- Without conflict
- **Friendship**
- A **destination**. It is a process.
- **Perfect**



The Support Worker/Case Manager

- Promotes hope through a *future orientation*
- Realizes that the person is a person, **NOT** a case
- Appreciates that the person they are working with has their **own values** and **own life**. This makes them no better nor worse- just different
- Practices **without judgement**... people are not considered “non-compliant” or “bad”
- Expresses **empathy**, not sympathy



The Worker...

- Accepts that **reducing harm** is a practical and necessary pursuit
- Promotes **positive change**
- Is **assertive** and **persistent** as necessary
- Does **NOT** sacrifice the **important** for the urgent



Getting Started: Setting the Stage for Housing Success

Setting the Tone

- If they screen in for your support program that comes with housing:
 - Ask them to describe **what they think the case management supports will look like**
 - Ensure that they are comfortable with **home visits**
 - Show them what a case plan looks like
 - Let them know that **honesty** is the currency of success
 - Make sure that they know your primary focus is going to be on **housing stability**
 - Ask them **what they think it means** to be a responsible tenant

Requirements

- In order to receive the service, an individual/family **MUST**:
 - Provide **informed consent** to participate
 - **Agree to case management service** for the duration of their time in the program
 - Accept **home visits**
 - **Want** to develop a case plan and work on goals that will improve housing stability
 - Provide assurance that they will **pay their rent** on time and in full


The Responsible Tenant Discussion

- Occurs after being screened in, during the housing search, at move-in and just before the end of the first month in housing.
- Look for the following details:
 - **Payment of rent** on time and in full each month
 - **Not disturbing others** in the building or community
 - Following the **terms of the lease**
 - Engaging appropriately with landlord or superintendent
 - Taking care of their unit


Getting Started: Move-In




Good Preparatory Practices

- Only do move-ins on Mondays, Tuesdays, or Wednesdays
 - Usually only **one move-in per day**- maximum of 2!
 - **Discuss/role play** the move-in before it happens
 - Book a time to meet- and then **be early**
 - Pick out furniture in advance
- 

On the Day of the Move-In

- Do a walk-through. **Exude positivity.**
 - Have your cleaning kit ready and **roll up your sleeves WITH your participant**
 - Arrange for furniture & basic supplies to be delivered
 - Provide **orientation** to building & community
 - Review **fire safety plan** and safe use of appliances
 - Make sure **lock and keys work**; discuss strategies for lost keys
 - **Encourage** meeting neighbours
- 

Before You Leave...

- Ask them the **3 things they think may go wrong in the first few days** and what they will do if those things happen so that they stay in their place
 - Ensure **next visit** is scheduled **within two days**
- 

It has been proven that...

- Interest diminishes if first engagement is driven by crisis rather than voluntary interest.
- Prompt follow through when there is expressed interest is important.
- Random control trials (Katz et al, 2001) show follow-up visits soon after move-in decreases drop-out and future refusal rates.
- Active rather than passive approaches are necessary if a participant begins to disengage or misses visits



Getting Started: Home Visits



Connecting with Purpose - Objective-Based Approaches

- “Hi [name], it’s good to see you today and we have [xx] minutes for our visit. As we talked about on [date of last visit] we agreed that we would talk about:
 - A.
 - B.
 - C.
- At the end of dealing with those objectives for today we will select some objectives for our next visit.”



Getting Started: The First 90 Days



What is Going On?

- The “abnormal” is “normal” ... ups and downs are common
- **Range of emotions** and actions can be misperceived as not wanting housing with support or trying to “sabotage” housing with support
- **Second-guessing the decision** to participate in the program is common

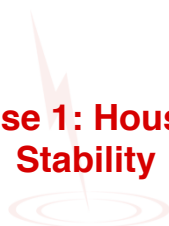


Your Approach & Attitude

- **Professional**
- **Don't freak out**
- Don't judge
- Exude **positivity**
- **Harness structure**
- **Do what you say you will do** when you say you will do it
- Respectfully challenge, while avoiding “punishment”
- *Don't put the cart in front of the horse*



Phase 1: Housing Stability



Housing Stability is the Primary Objective

Relationships	Who is allowed in your apartment and who needs to stay out? Who is most likely going to impact your housing stability and why? Who are their neighbors? What steps do they feel they need to take so that other people are not the reason they lose/get kicked out of their place?
Basic Needs	How can they turn their apartment into a home? Do they need supplies to cook, clean, bathe, stay clothed, etc.? Are they able to achieve food security on a limited budget?
Supports	Do they understand the role of the landlord/superintendent? Do they understand your role and what it entails? Are there any pre-existing supports that they need to maintain contact with at this time?
Safety	Is there anybody in their life that poses a safety risk? What will they do about it? What strategy will they use to protect their keys? Do they want/need to keep their address confidential? Do they understand the fire safety plan? Do they know how to safely operate all appliances?




Housing Stability: The First Month


Promoting Home Making – Examples...

- Provide them a **plant**
- Give them three **picture frames**
- Get sticky putty to put **posters** on the wall
- Go **grocery shopping** and make a stew or chili and freeze individual portions
- Activities to address boredom...
 - Cards, art supplies, books, TV, laptop, etc.
- **Calendar**
- **Fridge magnets**
- **Dry-erase marker**

5 Necessary Tasks in the First Month

1. Crisis Plan
 2. Budget
 3. First Case Plan
 4. Risk Assessment
 5. Personal Guest Policy
- 

1. Crisis Plan

- **Not optional**
 - Completed within the **first four weeks**
 - Updated again as necessary
 - Final update is at **program exit**
 - May be included as part of **WRAP** or **DREEM** if appropriate
- 

Crisis Planning Tool

About Me

Name	
Date of Birth:	
Address:	
Health Card Number/Version:	

Emergency/Medical Contacts

Role	Name	Telephone Number
Emergency	Emergency Services	9-1-1
Contact this person 1st		
Contact this person 2nd		
Contact this person 3rd		
Support Worker		
Support Worker back-up or Team Leader		

Depending on the situation, I may also use these community resources when in crisis:

Name of Community Resource	Telephone Number

The signs that I am about to go into crisis are: _____

The signs that I am in crisis are: _____

If you notice I am doing and/or saying _____, then give me space.

In the past, to deal with a crisis effectively, I have: _____

If I am in crisis, it is best to contact these people: _____

If I am about to be in crisis or I am in crisis, these are the special arrangements or things I need to have taken care of for me: _____

In the event of a crisis I would like my crisis plan shared with my support network, as deemed appropriate by my worker.


Yes No

Client _____

Signature: _____ Date: _____

2. Budget

- Reinforcing **basic concepts**
- Reflection leads to better information
- Does **NOT** have to be perfect
- Important to raise **awareness and identify risks, harms, opportunity to reduce harm**, NOT pass judgement on how people spend or access money



Honest Monthly Budget


Things that I have to spend money on:		Formal ways I get money:	
Rent		Job	
Utilities		General Welfare	
Food		Disability	
Arrears		Pension	
Repairs		Inheritance	
TOTAL		TOTAL	

Other money that comes in goes toward:		Informal ways I get money:	
Child Support		Binning/Bottle Collecting	
Debts		Odd Jobs	
Cigarettes		Treasure Hunting	
Coffee		Baby Sitting	
Alcohol		Sex Work	
Other Drugs		Drug Running/ Dealing	
Health Stuff		Day Labour	
Household Supplies		Theft/ Pawning	
Girlfriend/Boyfriend		Friends/ Family	
Kids		Selling Prescription	
Other Friends		Gambling	
Cable		Medical Research	
Socializing/Partying/Night Out		Panhandling	
Sex		Selling Crafts	
Bus		Busking/Street Entertainment	
Taxis		Honorariums	
Gambling		Non-Medical Research	
Legal Stuff/Fines		Other	
Other Bills			
TOTAL		TOTAL	

All the Ways I Spend Money:		All the Ways I Make Money:	
GRAND TOTAL		GRAND TOTAL	
Difference Between What I Spend and What I Make:			


3. First Case Plan

- First time to demonstrate **SMART** goal-setting
- No more than **3 areas of attention**
- All 3 areas **related to housing stability**



4. Risk Assessment

- Should be completed within **two weeks** of being housed
- By identifying risks, the intent is to define the **people, processes, and/or technology** that can help minimize the risk, not prevent service
- Risk assessments should be **updated periodically**



Brief Risk Assessment

In the last year:


	Yes	No	Declined
Have you been charged with a violent offence, including sexual assault or domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you attended an anger management class because someone like a judge told you that you must do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a court ordered you to take medication or follow through on a treatment order for your mental health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you thought about, planned, or attempted to end your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you overdosed on alcohol or other drugs to the point where you required medical attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had falls, spells, blacked out or had seizures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you acquired a brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with a chronic health condition or been unable to do what you are supposed to for an existing chronic health condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been to the emergency room of the hospital 4 or more times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been incarcerated 4 or more nights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you:

	Yes	No	Declined
Plan on harming another person or yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an existing chronic health condition that you are not getting health care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have an existing serious mental health condition that you are not getting care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid getting help when you are sick or injured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage in higher risk behaviour like sharing needles, having sex with people you don't know, or anything like that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use alcohol or other drugs to the point of complete intoxication two or more times per week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have any warrants for your arrest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have anybody that wants to harm you or seek revenge from you violently, which may include people that believe you have harmed them or to whom you owe money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have difficulties concentrating or remembering things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


5. Personal Guest Policy

- Intent is to help the client define **who can visit, when, and who is responsible** for the actions of guests
- Can be turned into a fun project
- Idea should be introduced during the housing search, discussed during move-in, and **completed during the first two home visits**



Personal Guest Policy

- Types of questions you may ask to help form the guest policy:
 - What **time of day** do you want to allow guests (or not allow guests)?
 - Is there anyone that you **don't want at your apartment** (even though you may hang out with them somewhere else)?
 - Is there anybody you'd only invite **over on certain days** or certain times?
 - If someone comes over with a friend, and you don't know the person, is that alright with you?



Personal Guest Policy

- Types of questions you may ask to help form the guest policy:
 - If a **guest damages something** in the building, who is responsible?
 - Are there any activities, language or other things that *you do not want happening in your apartment?*
 - If people want to **crash on your floor or couch**, is that cool with you? What if doing so is against your lease?
 - If people want to **smoke drugs in your apartment**, how will you make sure that doesn't result in you getting evicted?



Personal Guest Policy

- Types of questions you may ask to help form the guest policy:
 - If a buddy wants to “borrow” your apartment for a couple of hours to **have a date with his girlfriend**, is that okay with you?
 - If people **get in a fight**- including a fight with you- how will you respond to that and not lose your housing?
 - Can people **eat your food** or use your things?
 - What can you do to make sure there are no **noise complaints?**

