

HPRP Assessment Worksheet

Client (Head of House) _____ Client ID# _____

% of Area Median Income				
<i>Check for changes in family size when calculating AMI</i>				
Date of Assessment	Program Entry _____	Re-assessment _____	Re-assessment _____	Program Exit _____
0% - 30% of AMI				
31% - 50% of AMI				
51% - 80% AMI				
81% and above AMI				

Housing Status				
Date of Assessment	Program Entry _____	Re-assessment _____	Re-assessment _____	Program Exit _____
Literally Homeless				
Housed and at Imminent Risk of Losing Housing				
Housed and At-Risk of Losing Housing				
Stably Housed				
Don't Know				
Refused				

Referrals				
Date of Assessment	Program Entry _____	Re-assessment _____	Re-assessment _____	Program Exit _____
CDBG/CSBG/CCDBG				
CAP Agency (Weatherization, commodities, etc)				
Child Care – ICCP; CCDBG				
Child Support Offices				
Dept of Health & Welfare				
Dept of Justice (Domestic Violence)				
Dept of Labor				
Education				
FEMA				
Legal Aid				
Local Faith Based or Non-profit organizations				
Mental Health Services				
Other Housing Program				
Public Health District (District Health Dept)				
Social Security Administration				
United Way				
Veterans Affairs				
Voc-Rehab				
Other (<i>Specify</i>)				