** Coordinated Housing Assessment Tool.2023**

 **CHAT**

*Revised November 16.2023*

|  |  |
| --- | --- |
| **Date** | **Interviewer Name** |
|       |       |
| **Referring Agency/Organization Name** | **Interviewer Contact Phone/Email** |
|       |       |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Head of Household (Full Name)** | **Social Security Number (Optional )** |
|       |       |
| **Date of Birth**  | **/** **/**  | **Household Description** |
| **Gender Identity** | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer | [ ]  Individual [ ]  Family [ ]  Couple |
| **Phone Number** | **Military Service** |
|  | [ ]  Yes [ ]  No |
| **How is contact preferred?** |  |
| [ ]  Phone [ ]  Email [ ]  Mail |  |
| **Email Address:** | **Address:** |
|       |       |
| **Insurance type (if available)** | **Insurance Number (if available)** |
|       |       |

**BASELINE CONVERSATION**

|  |  |
| --- | --- |
| **Where did you sleep last night?** |       |
| **Is that a safe environment for you?** | [ ]  Yes [ ]  No Additional Info:       |
| **Are you fleeing a domestic violence situation?** | [ ]  Yes [ ]  No Additional Info:       |
| **How long have you been sleeping in this location/situation?** |       |
| **Where were you prior to that?** |       |
| **What do you need?** |       |
| **Where would you like to be?** |       |

**HOUSEHOLD COMPOSITION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Gender** | **Relationship** | **Date of Birth** |
|       | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer | Head of Household |       |
|       | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer |       |       |
|       | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer |       |       |
|       | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer |       |       |
|       | [ ]  Male [ ]  Female [ ]  Transgender [ ]  Nonbinary[ ]  Prefer Not to Answer |       |       |

**RACE | ETHNICITY of HEAD OF HOUSEHOLD**

[ ]  American Indian, Alaska Native or Indigenous

[ ]  Asian or Asian American

[ ]  Black, African American or African

[ ]  Hispanic/Latina/e/o

[ ]  Middle Eastern or North African

[ ]  Native Hawaiian or Pacific Islander

[ ]  White

[ ]  Client Doesn’t Know

[ ]  Client Prefers Not to Answer

[ ]  Data Not Collected