

**Commonwealth of Massachusetts
Department of Children and Families
Homeless Health and Safety Assessment**

Family Name:	
Assessment Unit Social Worker:	

Monthly Income		Monthly Expenses	
Employment		Day care	
SSI		Food	
TANF		Transportation	
Other		Storage	
		Other	
Total		Total	

Current Housing Situation

Relationship between primary tenant and family:
How long has the family been residing in this home?
Precipitating factors that resulted in the family residing in a doubled up situation:
Does anyone in the family have a medical condition?
Is the current living situation able to meet the needs of the person with such a medical condition?
Please identify specifically what the medically involved family member needs in his/her home.
1.
2.
3.

Exposure to Violence

Is there a history of domestic violence with any of the individuals currently residing in the home?

Have the police been called to the home due to domestic violence? If so, when?
Is the consumer fearful of anyone he or she is living with?
Is the consumer in fear of anyone not living in the home? If so, who, and when was the last contact?

Mental Health

Does anyone in the family/home have a history of mental health issues?
If yes, what is the preferred form of treatment?
Is there a history of injuries, accidents? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify:
Is there any history of maltreatment or abuse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please specify:
Is there a recent stress on the family or child such as:
Birth of a child <input type="checkbox"/> Yes <input type="checkbox"/> No
Divorce or separation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Death of a close relative <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Others (Please Specify)

Substance Abuse

Does the client have a substance abuse problem/history if so please describe?

What is the preferred form of substance abuse treatment?

Physical Space Assessment

How many family members are currently living together?
How many bedrooms in the unit?
What are the current sleeping arrangements for each family member in the unit?

Education

Is the current living situation interfering with the ability to get to and perform at school?
What is the distance to and from school for the child?
What are the means of transportation to school?

Assessment Contacts

Name	
Phone	
Agency	
Comments	
Name	
Phone	
Agency	
Comments	
Name	
Phone	
Agency	
Comments	

