**Ohio BoSCoC Prioritization Assessment Tool (B-PAT)**

**May 2024**

**Households with Minor Children, at least one adult age 25+**

**Instructions:** Staff can complete the assessment with all household members present or with only some members present. Questions for adults apply to all adult members in the household, not just the head of household. If needed, corrections to assessment tool responses may be made after initial completion. For questions asking about the number of times of a particular experience, scoring responses should be based on the experience of the household as a whole. For example, when selecting the response and score to the question asking about numbers of evictions in the last 5 years, the response should be based on the experience of all household members in total – if one household member experienced 2 evictions in the last 5 years and the other household member also experienced 2 evictions (separate from the other household member), then staff should select B as the response (2+ evictions), which returns a score of 1 point.

Households may refuse to answer any of the assessment questions. If a response is refused, simply note that in the appropriate response cell and assign a score of 0.

Some questions should have the responses selected based on information provided by the client household for program enrollment. These questions start with ‘***FROM HMIS PROGRAM ENROLLMENT’*** or ‘***FROM HMIS CLIENT PROFILE’***. Staff do not need to ask households these questions.

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| **CLIENT HoH NAME:** | **CLIENT HoH HMIS ID:** |

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| --- | --- | --- |
| **Assessment Questions** | **Response** | **Score** |
| **MEETING BASIC NEEDS** | **MAX PTS = 3** | |
| 1. For this assessment question, choose the most relevant question (either a or b) based on the household’s current or most recent experience of homelessness    1. For those currently in emergency shelter - immediately prior to your shelter entry, were you able to do the following on most days? Check the boxes for each item where the response is ‘no’:   Find a safe place to sleep  Access a bathroom when you need it  Access a shower when you need it  Get food  Get water or other non-alcoholic beverages to stay hydrated  Get clothing or access laundry when you need it  Safely store your stuff   * 1. For those currently experiencing unsheltered homelessness, are you able to do the following on most days? Check the boxes for each item where the response is ‘no’:   Find a safe place to sleep  Access a bathroom when you need it  Access a shower when you need it  Get food  Get water or other non-alcoholic beverages to stay hydrated  Get clothing or access laundry when you need it  Safely store your stuff | **YES to all parts of the question** | **0** |
| **NO to 1 part of the question (yes to the other parts)** | **1** |
| **NO to at least 2 parts of the question (yes to the other parts)** | **3** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **HOUSING STABILITY** | **MAX PTS = 7** | |
| 1. How long has it been since you lived in stable, permanent housing?  * *‘Stable, permanent housing’ is defined as a housing unit you were able to stay in (either your unit or a unit of a friend or family member) for an unlimited amount of time, where you had a designated place to sleep, and where you contributed something towards household expenses*   1. 3 months or less   2. 3 months to 6 months   3. Over 6 months | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| 1. Within the last 5 years, have you been evicted from your housing unit?    1. No    2. Evicted via a verbal or written 3-day notice, or something similar    3. Evicted via a court-ordered eviction | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| 1. If yes to #3 above, how many times have you been evicted (any type of eviction) from your housing unit in the last 5 years?    1. NA or none    2. 1 time    3. 2 or more times | **A** | **0** |
| **B** | **0** |
| **C** | **1** |
| 1. Have you ever been evicted (any type of eviction) from a subsidized housing unit? | **No** | **0** |
| **Yes** | **1** |
| 1. Do you believe you have been discriminated against in your attempt to access housing based on your identity or background? | **No** | **0** |
| **Yes** | **1** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **INCOME** | **MAX PTS = 5** | |
| 1. In the past three years, have you lost housing because you weren’t able to pay rent and/or utilities or contribute to household expenses? | **No** | **0** |
| **Yes** | **1** |
| 1. Based on your current employment and/or income status and your employment/income from the past 30 days, do you feel you currently have enough income to pay for housing costs? | **Yes** | **0** |
| **No** | **1** |
| 1. ***FROM HMIS PROGRAM ENROLLMENT:*** Did household report any income in their most recent program enrollment? | **Yes** | **0** |
| **No** | **2** |
| 1. ***FROM HMIS PROGRAM ENROLLMENT:*** If household reported income, award points based on their receipt of income from following sources:    1. NA    2. Earned Income    3. SSI or SSDI income | **A** | **0** |
| **B** | **0** |
| **C** | **1** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **EXPERIENCES OF HOMELESSNESS** | **MAX PTS = 12** | |
| 1. ***FROM HMIS PROGRAM ENROLLMENT (Prior Living Situation section):*** Did household report prior experiences of homelessness in the *Number of times on the streets, in ES, or Safe Haven in the past three years* data element?    1. No    2. Yes – 1 time    3. Yes – 2 times    4. Yes – 3 or more times | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| **D** | **3** |
| 1. ***FROM HMIS PROGRAM ENROLLMENT (Prior Living Situation section):*** If household reported previous experiences of homelessness, how many months did they report being homeless on the streets, in ES, or Safe Haven in the past three years?    1. NA    2. 1 – 2 months    3. 3 – 6 months    4. 7 – 12 months    5. More than 12 months | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| **D** | **3** |
| **E** | **4** |
| 1. Did you or other adults in your household experience homelessness as a child?    1. No    2. Yes | **A** | **0** |
| **B** | **1** |
| 1. If yes to #13, did you experience homelessness where:    1. NA    2. You (alone or with your family) spent time living with other family members or friends?    3. You (alone or with your family) spent time living in an emergency shelter, a hotel/motel, or unsheltered?    4. Had experiences of both B & C | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| **D** | **3** |
| 1. As a child (before age 18) were you, or other adults in your household now, placed in foster or kinship care or a group home? | **No** | **0** |
| **Yes** | **1** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **HEALTH AND WELLBEING** | **MAX PTS = 8** | |
| 1. ***FROM HMIS CLIENT PROFILE:*** Is any household member 60 years of age or older? | **No** | **0** |
| **Yes** | **1** |
| 1. Do any household members have a disability or health condition that has contributed to a loss of housing in the past 3 years? | **No** | **0** |
| **Yes** | **1** |
| 1. If yes to #17, does the health condition or disability currently make it hard to maintain housing?    1. NA or No    2. Yes | **A** | **0** |
| **B** | **1** |
| 1. If yes to #17, how many times in the past year has the household member been hospitalized because of the health condition or disability?    1. NA or None    2. Up to 3 times    3. More than 3 times | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| 1. Does your household primarily use the Emergency Room/Emergency Department (ER/ED) to meet your healthcare needs?    1. No       * *If household identified more than 3 hospitalizations in the past year in the previous question, select the ‘yes’ response and assign score of 1*    2. Yes | **No** | **0** |
| **Yes** | **1** |
| **No – but Identified 3 or more hospitalizations in #16** | **1** |
| 1. In the past year, how many times has your household used an ER/ED for health care?    1. Less than 3 times    2. 3 – 9 times    3. 10 times or more | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **INTERACTIONS WITH OTHER SYSTEMS** | **MAX PTS = 3** | |
| 1. Has anyone in the household ever been in jail, arrested, or accused of a crime or criminal activity, even if it wasn’t true? | **No** | **0** |
| **Yes** | **1** |
| 1. Has any household member ever been convicted of a crime that makes it difficult to access or maintain housing? | **No** | **0** |
| **Yes** | **1** |
| 1. Are you currently working with the child welfare system? | **No** | **0** |
| **Yes** | **1** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **EDUCATIONAL ATTAINMENT** | **MAX PTS = 2** | |
| 1. What is the highest level of education adult household members have completed?    1. Completed some education beyond High School, e.g., completed some college or professional training    2. High School Diploma or GED    3. Did not complete High School or obtain a GED | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
|  | **SUBTOTAL =** |  |
|  |  | |
| **HOUSEHOLD COMPOSITION** | **MAX PTS = 10** | |
| 1. How many children are in the household? This could include children who are not currently living with the family but will be re-united at some point in the future.    1. 1    2. 2-3    3. 4 or more | **A** | **1** |
| **B** | **2** |
| **C** | **3** |
| 1. How many children in the home are under age 11?    1. 0    2. 1    3. 2    4. 3 or more | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| **D** | **3** |
| 1. Do any of the children in the home have a disability? | **No** | **0** |
| **Yes** | **2** |
| 1. If yes to #27, does more than one child in the home have a disability? | **No (or NA)** | **0** |
| **Yes** | **2** |
|  | | |
| **TOTAL SCORE =** | | |

Max Points = 50