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

**May 2024**

**Parenting Youth Ages 18 to 24**

**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. When reflecting on past experiences, clients should provide responses based on their own experience as their own household (usually after turning 18), unless otherwise specified. *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 of the assessment questions. If a response is refused, simply note that in the appropriate response cell and assign a score of 0.

If the presenting youth household members ultimately plan to pursue separate housing plans, meaning they do not plan to live together upon exit from homelessness, then complete the appropriate assessment tool on each youth separately.

Some questions should have the responses selected based on information provided by the client 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:** |

|  |  |  |
| --- | --- | --- |
| **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 = 12** | |
| 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. Less than 1 month   2. 1 month to 3 months   3. Over 3 months | **A** | **0** |
| **B** | **1** |
| **C** | **2** |
| 1. Since you were 18 (or emancipated), have you been evicted from or forced to leave your housing unit?    1. No    2. Told by the household you were staying with that you had to leave    3. Evicted via a verbal or written 3-day notice, or something similar    4. Evicted via a court-ordered eviction    5. Both C and D, or multiple evictions or involuntary exits | **A** | **0** |
| **B** | **2** |
| **C** | **2** |
| **D** | **3** |
| **E** | **4** |
| 1. If yes to #3 above, how many times have you been evicted from (any type of eviction) or forced to leave your housing unit in the last 3 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 where your name was on the lease? | **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** | **2** |
| 1. Have you ever owned a home or had a lease in your name? | **No** | **2** |
| **Yes** | **0** |
|  | **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 = 16** | |
| 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 to 2 times    3. Yes – 3 times or more | **A** | **0** |
| **B** | **2** |
| **C** | **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 youth in your household experience homelessness as a child?    1. No    2. Yes | **A** | **0** |
| **B** | **1** |
| 1. If yes to #14, 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 youth in your household now, placed in foster or kinship care or a group home? | **No** | **0** |
| **Yes** | **1** |
| 1. Would you say your current homelessness was caused by any of the following?    1. None or NA    2. You went on the run from a family home, group home, or foster home    3. There was violence at home between family members    4. There were differences in religious beliefs between you and your parents/guardians/caregivers    5. There were conflicts about gender identity or sexual orientation    6. More than one of the above | **A** | **0** |
| **B - E** | **2** |
| **F** | **4** |
|  | **SUBTOTAL =** |  |
|  |  |  |
| **HEALTH AND WELLBEING** | **MAX PTS = 9** | |
| 1. Were you diagnosed with a disability as a child, or did you receive disability assistance as a child?    1. No    2. Yes | **No** | **0** |
| **Yes** | **1** |
| 1. Do you 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 #19, does your 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 #19, how many times in the past year have you been hospitalized because of your 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. Do you know where to access healthcare for either emergency or ongoing needs?    1. No    2. Yes | **No** | **1** |
| **Yes** | **0** |
| 1. Do you 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 have you 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 THE OTHER SYSTEMS** | **MAX PTS = 6** | |
| 1. Have you ever been in jail, arrested, or accused of a crime or criminal activity, even if it wasn’t true? | **No** | **0** |
| **Yes** | **1** |
| 1. Have you ever been convicted of a crime that makes it difficult to access or maintain housing? | **No** | **0** |
| **Yes** | **1** |
| 1. Have you had any involvement with the juvenile justice system? | **No** | **0** |
| **Yes** | **3** |
| 1. Are you currently working with the child welfare system? | **No** | **0** |
| **Yes** | **1** |
|  | **SUBTOTAL =** |  |
|  |  |  |
| **EDUCATIONAL ATTAINMENT** | **MAX PTS = 4** | |
| 1. What is the highest level of education you 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** | **3** |
| 1. Have you been expelled from school or dropped out? | **No** | **0** |
| **Yes** | **1** |
| **TOTAL SCORE =** | | |

Max Points = 55