

**Advanced Supervision and Intervention Support Team (ASIST) Program  
Brief Housing History and Needs Questionnaire**

**Introduction**

Hello, my name is \_\_\_\_\_. I am from \_\_\_\_\_, and I'm here to ask you some questions about your housing needs and situation. These questions will give us some of the information we need to help make sure you have housing when you leave prison or jail.

The questions have to do with where you were living before coming to jail or prison and what kind of housing you have or will need when leaving. The questions should take about 15 minutes to answer. The more information you provide, the better we can help you find housing. However, if you uncomfortable answering any questions, feel free to skip those questions.

**Date:** \_\_\_\_\_

**Respondent Name:** \_\_\_\_\_

**Questions**

<p>1. a. In the last thirty (30) days before entering jail or prison, where were you living most of the time?</p> <p><input type="checkbox"/> In a room (Single Room Occupancy, motel, sober house)</p> <p><input type="checkbox"/> In drug treatment, detox, or drug program housing</p> <p><input type="checkbox"/> In housing for persons with mental health problems</p> <p><input type="checkbox"/> In another kind of housing program. Please specify: _____</p> <p><input type="checkbox"/> In a hospital, nursing home, or hospice</p> <p><input type="checkbox"/> In a shelter or drop-in center for homeless people</p> <p><input type="checkbox"/> On the street, park, or public place</p> <p><input type="checkbox"/> Some other place: _____</p>	<p><input type="checkbox"/> In a house or apartment</p> <p>[CONTINUE WITH FOLLOWING QUESTIONS]</p> <p>b. Did the house or apartment belong to you or someone else?</p> <p><input type="checkbox"/> Belonged to self</p> <p><input type="checkbox"/> Belonged to someone else Relation: _____</p> <p>c. Did anyone else live with you?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify:</p> <p><input type="checkbox"/> Spouse/partner/significant other</p> <p><input type="checkbox"/> Parent(s)</p> <p><input type="checkbox"/> Siblings</p> <p><input type="checkbox"/> Children (indicate number): _____</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>d. Who paid the rent or mortgage for that apartment or house?</p> <p><input type="checkbox"/> Self</p> <p><input type="checkbox"/> Someone else, please specify: _____</p> <p>e. Did you have any kind of rental assistance or help paying for housing from the government?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please specify if known (e.g. Section 8, State Rental Assistance Program, etc.) _____</p>
<p>2. Have you been homeless in the last year (e.g. in a homeless shelter, sleeping on the streets, in a park, etc.)?</p> <p><input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes</p>

[CONTINUE WITH THE FOLLOWING QUESTIONS]

When was the last time you were homeless in a shelter or on the streets?

- Month before going to prison/jail
- 2-6 months before
- More than six months ago

About how long were you homeless?

Months \_\_\_\_\_ Days \_\_\_\_\_

3. a. If you were released in the next couple of days, where would you be able to live?
- Apartment or house
  - With family members or friends, please specify: \_\_\_\_\_
  - In a room (sober house, SRO)
  - Other program housing, specify: \_\_\_\_\_
  - Shelter
  - Don't know / not sure

b. Is there anyone that you would be living with or that you would like to live with?

- No
- Yes, please specify relation: \_\_\_\_\_

4. Do you have any health, medical, or mental health problems that you will need help with after leaving prison or jail?

- No
- Yes. Do you have any of the following conditions? Please indicate as many as you feel comfortable. You do not have to disclose any of this information.
  - Serious or major mental illness (e.g. major depression, schizophrenia, bipolar disorder, schizoaffective, obsessive compulsive disorder, panic disorder, PTSD, etc.)
  - Other mental health problems (minor depression, anxiety)
  - HIV+/AIDS
  - Substance abuse/addiction

5. In thinking about where you would live after leaving prison/jail, would you need help with any of the following?

- Finding your own housing
- Getting in touch with family or friends
- Paying for housing
- Enrolling in benefits
- Finding a job
- Reunifying with children
- Managing your money
- Help with addiction or substance abuse
- Cooking/cleaning/activities of daily living
- Getting medical and health services or medication
- Other \_\_\_\_\_

6. Is there anything else you would like to tell us about your housing needs?