



MINNESOTA HOMELESS PREVENTION ASSESSMENT TOOL

Contents

MN Homeless Prevention Targeting Tool.....	2
Who Needs to Complete the tool?.....	2
Completeing the Tool in HMIS.....	2
Step-by-Step Instructions.....	3
Reporting Guidelines	8
This Section will be updated upon Completion of the Report Mid-July	8

MN HOMELESS PREVENTION TARGETING TOOL

Data collection forms for FHPAP projects can be found by following the links provided below or visiting the [Family Homeless Prevention and Assistance Program](#) page on the Minnesota Housing Finance Agency website.

WHO NEEDS TO COMPLETE THE TOOL?

Programs providing Prevention Services for FHPAP programs should complete the Prevention Assessment Tool and enter this data in HMIS under their designated Program Provider. Programs providing services to Doubled-up households for FHPAP programs where the household is not LTH, not already on the CE Priority List, and not eligible for Coordinated Entry Assessment should complete the Prevention Assessment Tool and enter this data in HMIS under their designated Program Provider. Those providing Outreach services may also complete the tool in HMIS once a client has a Project Start Date and Entry in HMIS.

If you have additional questions concerning if you should be completing the tool, please contact your regional FHPAP grantee. If you have questions about how to complete the tool in HMIS, please contact our helpdesk at mnhmis@icalliances.org.

COMPLETEING THE TOOL IN HMIS

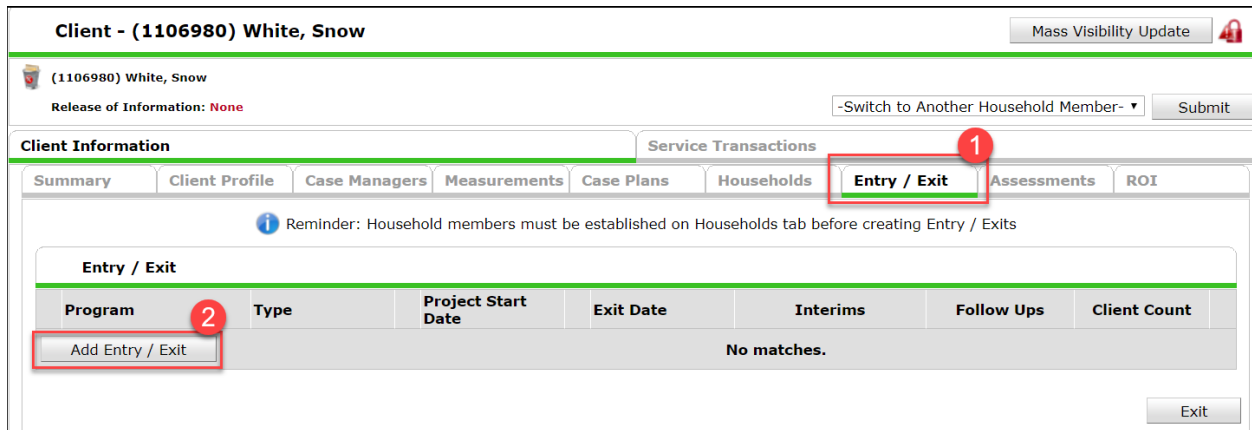
The MN Homeless Prevention Assessment Tool(M-PAT) is required to be entered for clients in HMIS eligible for FHPAP assistance. Please see the [FHPAP User Guide](#) for complete instructions on entering a client in HMIS.

The Prevention Assessment Tool is entered within the Entry assessment on the **Entry Exit Tab** in ServicePoint and should be entered after completing the **MN FHPAP All-Inclusive Prevention Assessment**.

The Prevention Assessment Tool(M-PAT) only needs to be completed for **Head of Household**.

STEP-BY-STEP INSTRUCTIONS

1. Enter **EDA mode** as the correct provider and open a client’s record in **ClientPoint**.
 - a. Please be sure to follow the steps for searching an existing client or creating a new client record in the full [FHPAP User Guide](#).
2. When prompted, enter the date of the client’s entry into the project and select Set New Back Date.
 - a. Clients entering on the day of data entry should use the Current System Date. a. The date can be changed by clicking on Back Date in the top-right corner of the screen.
3. Click on the Entry / Exit tab and select Add Entry / Exit.
 - a. If entering a household, check the box next to each client included in the entry.
 - b. Select Basic from the Type drop-down menu.
 - c. If necessary, adjust the Project Start Date, then select Save & Continue.



4. Complete the MN: FHPAP All-Inclusive Prevention Assessment for **ALL** members of the household.
 - a. **Note:** This is the assessment that you have been completing for client in HMIS, this is not new.
 - b. You will see multiple assessments available on your Entry. Please check which assessment is selected when completing your Entry.

Entry Assessment

Select an Assessment

CES Assessment: Greater MN Prevention

CES Assessment: Greater MN Step 1: Coordinated Entry Diversion/Triage

CES Assessment: Greater MN Step 2: VI-SPDAT + Eligibility Supplement

Exit FHPAP - Prevention

MN: Homelessness Prevention Assessment Tool (Do Not Use Until After 7/1/19)

MN: FHPAP All-Inclusive - Prevention

Household Members

- (1106983) White, Bashful
Age: 10
Veteran: Unknown
- (1106982) White, Happy
Age: 5
Veteran: Unknown
- (1106981) White, Sleepy
Age: 4
Veteran: No (HUD)
- (1106980) White, Snow
Age: 33
Veteran: No (HUD)

Household Data Sharing

Client: (1106980) White, Snow

MN: FHPAP All-Inclusive - Prevention 05/24/2019 09:49:31 PM

IMPORTANT: Use for HP Prevention FHPAP projects only starting July 1, 2017. Housing Status prior to entry must be At-Risk of Homelessness or Category 2 - Imminent Risk of Homelessness.

SECTION 1. Client Information

1A. All Clients

Relationship to Head of Household

5. Once the MN: FHPAP All-Inclusive Prevention Assessment has been completing for **all** members of the household, click to choose the **MN: Homelessness Prevention Assessment Tool**.
 - a. You can choose to do the 2 required assessments in any order. We suggest the All-Inclusive assessment first because it must be completed for all members of the household.
6. Complete the MN: Homeless Prevention Assessment Tool for the **Head of Household only**.
 - a. **Note:** The MN: Homeless Prevention Assessment Tool only needs to be entered at **Entry**, not at Exit.

Entry Assessment

Select an Assessment

MN Prevention

MN Step 1: Coordinated Entry Diversion/Triage

MN Step 2: VI-SPDAT + Eligibility Supplement

Exit FHPAP - Prevention

MN: Homelessness Prevention Assessment Tool (Do Not Use Until After 7/1/19)

MN: FHPAP All-Inclusive - Prevention

Household Members

- (1106983) White, Bashful
Age: 10
Veteran: Unknown
- (1106982) White, Happy
Age: 5
Veteran: Unknown
- (1106981) White, Sleepy
Age: 4
Veteran: No (HUD)
- (1106980) White, Snow
Age: 33
Veteran: No (HUD)

Household Data Sharing

Client: (1106980) White, Snow

MN: Homelessness Prevention Assessment Tool (Do Not Use Until After 7/1/19) 05/24/2019 09:49:31 PM

Step 1: Determine Eligibility & Priority for Homelessness Prevention Assistance

Without prevention assistance the household will experience literal homelessness within the immediately preceding month (i.e. living in place not meant for human habitation, emergency shelter, or transitional housing).

7. Complete **Step 1** and add the points from the dropdown selections chosen. Add these two point values and enter the value in the box **Total Points from Step 1**.

****Complete the M-PAT for the Head of Household ONLY****

Step 1: Determine Eligibility & Priority for Homelessness Prevention Assistance

Imminent risk of literal homelessness. Without prevention assistance the HH will experience literal homelessness within the immediately preceding month (i.e. living in place not meant for human habitation, emergency shelter, or transitional housing).

Housing Status (select only one) **3**

Imminent Loss of Current Housing

Household will experience literal homelessness, either on the streets or in an emergency shelter within the specified time period. (select only one) **5**

Total Points From Step 1 **8**

8. For Step 2, select Yes or No for Questions 1-8 if the client agrees to participate.

Step 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers

Prior to asking the following questions, remind the participant that some of the questions in this section ask about trauma. Reassure the participant that before asking those questions, you will ask them if it is ok to proceed.

If the participant does not want to be asked a question, omit those questions and do not score them.

Select an option for participation for Q 1-8 Vulnerabilities/Housing Barriers **G**

Record Yes or No for questions 8-15. Add point values for each question and

1. Is any adult (18 and over) member of your household a registered sex offender? (pt. value 5) **G**

2. Does any adult household member have a criminal record or involved in a legal proceeding in process for arson, drug dealing, manufacturing of illegal substances, possession or use of drugs, or any felony offense against persons or property?(pt. value 4) **G**

If client chooses not to participate, leave the questions in Step 2 unanswered and do not add any points to the total score.

Select Yes or No for Q 1-8. You will need to add these point values at in the Total for Step 2.

9. If the client answers yes to criminal record/offenses, record the start date(s) in the sub assessment labeled 2a.

2a.If yes, what is/are the date(s) of offense in any period within the person's adult record? Do NOT enter an end date

Prior Offenses (do not add end date)

Start Date *	End Date
05/23/2019	

Showing 1-1 of 1

10. Questions 9-11 ask about recent or past trauma. Please select an option for participation and answer Yes or No to Q 9-11 if they agree to participate in this section of the assessment.

Program Staff: Inform participant that the next three questions ask about recent or past trauma. Ask if the participant is okay to proceed. If not, omit the questions and do not score.

Select an Option Q 9-11 Client Agreed to Participate G

9. Within the last 6 months, has there been major household trauma or an event that directly...

11. Continue to answer the question in the M-PAT regarding income, prior evictions, and history of homelessness.

Income

12. Household annual gross income amount (select one option) G

13. Has there been a sudden and/or significant loss of income, including employment and/or cash benefits within the last 60 days, OR uncontrollable and significant increase in non-discretionary expenses within the last 60 days? (pt. value 3) G

Prior rental evictions for the head of household at any time in the past

14. Have you had any prior rental evictions? G

15. If yes to #14, how many prior rental evictions have you had? (select one option) G

History of Homelessness for head of household (street/shelter/transitional housing)

16. Have you ever been homeless? G

17. If yes to #16, how many episodes of homelessness have you experienced (choose the best applicable answer): G

- 12. Add the Total Points from Step 2. If the client answered yes for any questions 8-17, include the corresponding value for the total points for Step 2.

Total Points From Step 2	<input type="text" value="21"/>	G
---------------------------------	---------------------------------	---

- 13. The Total Points from Step 1 & 2 **do not auto calculate**. Please add up score and enter that number in the box for **Total Points from Step 1 and Step 2**.
 - a. Do not include scores from Step 3 here.

Total Points From Step 1 & Step 2	<input type="text" value="61"/>	G
<i>(Do NOT include points from Step 3, below)</i>		
Once the total points from Step 1 and Step 2 have been added, use the following chart to determine the prospective Homelessness Prevention Participant's level of eligibility for assistance:		

- 14. Choose the eligibility level based on the geographical area your program serves (urban or rural). Leave the other category blank.
 - a. Note: Your program may serve both urban and rural. Please select the category most accurate for that individual client you are serving.

Homelessness Prevention Assistance Eligibility Level		
Complete the eligibility level for your area only, urban or rural.		
Urban	<input type="text" value="13-15 Eligible for One-time Assistance"/>	G
Rural	<input type="text" value="-Select-"/>	G

- 15. Complete Step 3 to document local priorities. The points **should NOT be added into any total score**.

Step 3: Document Local Policy Priorities

Based on additional research and data analysis in the future, Minnesota may define other housing barriers or attributes most likely to impact a household's ability to quickly secure housing and resolve homelessness independently.

If included, these other scored attributes will align with local policy priorities. FHPAP may include additional priorities in the rows below. The following local priorities will be included for research purposes only.

Do NOT include these scored attributes in the total points sum above.

Record the applicable Yes or No for each question below.

Does any household member have a disability that substantially impedes the ability to maintain housing independently (pt. value 1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G
Does any household member identify as an ethnic, cultural, or racial minority group that has historically experienced unfair treatment in the provision or administration of public benefits or services (pt. value 1)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G
Is any household member a senior adult (age 55 or older)(pt. value 1)?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> G

Do not add points from Step 3 to Total Score.

16. Once you have answered all the questions in the assessment(s), Save & Exit.

Does any household member identify as an ethnic, cultural, or racial minority group that has historically experienced unfair treatment in the provision or administration of public benefits or services?	<input type="checkbox"/> 2 <input type="checkbox"/> G
Is any household member a senior adult (age 55 or older)?	<input type="checkbox"/> 0 <input type="checkbox"/> G

REPORTING GUIDELINES

THIS SECTION WILL BE UPDATED UPON COMPLETION OF THE REPORT MID-JULY