

# King County Domestic Violence Coordinated Housing Access Point

## COVER SHEET

Please fill out all fields thoroughly.			
Referring Agency			
Name of Applicant		Pronouns:	
Applicant Safe Contact Info			
Date of Referral			
Primary Language	Interpretation Needed?	Yes	No
Advocate Name			
Advocate Contact	Phone Number:		Email: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>

**Please DO NOT submit any other documents that contain personally identifying information, i.e. ID, SSN, income verification, etc.**

**The DV Housing Provider will collect that information later on in the process, as needed.**

**Handwritten assessments and snapshot photos will not be accepted.**

**Please indicate referral type (you can check both):**

RAPID REHOUSING/RENTAL  
ASSISTANCE REFERRAL

TRANSITIONAL HOUSING  
REFERRAL

# Domestic Violence Coordinated Housing Access Point (DVCHAP)

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION (ROI)

This release of information pertains to the Domestic Violence Coordinated Housing Access Point (DVCHAP). GBV advocates submit the DVCHAP Housing Assessment with the consent of DV survivors being referred. DV housing providers prioritize housing resources and make referral decisions based on information collected in the DVCHAP Housing Assessment.

Members of the DVCHAP Advisory Group and GBV advocates who have made referrals to the opening, will convene to do final prioritization and make decisions on which households will be offered the housing resources that have recently become available.

**This release of information will be valid until \_\_\_\_\_, or at least 90 days after signing. Consent can be revoked at any time, verbally or in writing.**

I, \_\_\_\_\_ authorize \_\_\_\_\_, to share information in the DVCHAP Assessment with (list the program or programs you are referring to):

\_\_\_\_\_.  
I understand that if prioritized for housing, assessment information will be shared in the DVCHAP community case conferencing process to determine final placement and alternative options.

Verbal Consent?

\_\_\_\_\_  
Signature (please write-in name)

\_\_\_\_\_  
Gender Based Violence Advocate (please write-in name)

King County  
Domestic Violence Coordinated Housing Access Point  
**Part I Domestic Violence Narrative**

*Script: This assessment will ask you questions about your strengths, barriers and resources as it relates to domestic violence and housing. We'll submit this assessment to the housing provider and you will hear back within 3 weeks, either directly from the housing provider or me, your primary advocate. You will either be:*

1. Offered this housing resource
2. An alternative housing option
3. Or you and I will have to explore other options instead

*Some of the questions I'll be asking you may be intrusive in nature and ask for more detail than you may want to disclose. You do not have to answer any questions that you feel uncomfortable with. The goal of this assessment is to provide you with the best services possible and identify what resources may help eliminate barriers to stable and safe housing.*

**The purpose of this step of the process is to briefly capture the survivor's experience of domestic violence and the safety issues that's led to their current housing instability. This is the space to note any immediate safety concerns that the survivor feels comfortable disclosing.**

**Can you please tell me a bit about what's going on for you right now that what has led you to apply for this DV Housing resource? Please answer the prompts below. Prompt: 1. Who is the person making you feel afraid and unsafe; what is your relationship with them? 2. How long have you been in this relationship? 3. What's happened in your relationship to make you feel unsafe? 4. In what ways can the program work with you to support your safety?**

**5. What areas are unsafe for you, if any? [Please specify specific areas in Seattle or King County] Why are those areas unsafe?**

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**Part II Assessment of Resources and Barriers**

**Household Composition**

Household member	Race and Ethnicity	Gender	Age	Currently living with?	Relationship to primary contact?
				N/A	Head of Household

**Please share any information relevant to household composition.**  
**Will any of these factors below impact the size or members of your household?**

Pregnancy?      Divorce/Separation?      Custody issues?      CPS Involvement and/or reunification?

**Current Living Situation: Where did you stay last night?**

Please utilize dropdown options and use the space below to share more details.

Where do you sleep most of the time?

**What is your current housing situation: (1) How long have you been there? (2) How long can you stay?  
 (3) What's happening that you need to leave?**

**(4) What other housing options have already been explored? (5) What options worked? (6) What options didn't work? If you feel comfortable, please explain what happened.**

## Housing History and Possible Barriers to Housing

Please talk about your housing history for last 2 years: **(1) What was your last stable residence? (2) How many times have you been homeless in the last 2 years (3) How long were you homeless each time?**

Have you applied for/on any list (like Section 8) through any Public Housing Authority? Please describe.

*Script: It can be difficult to talk about debt and personal finances. This information will not be used to screen you out but instead can help determine what you might need to eliminate barriers to housing. Please share any information you feel comfortable sharing.*

Have you ever had a rental application denied? Please share any information about the denial that you would like.

When was the last time you looked at your credit report? Please share any relevant information about this.

Type of Debt	To Whom	When	Amount	Details
Housing debt, including any evictions with resolved debt.				
Utility Debt				
Debt related to any Public Housing Authority				
Other debt or credit issues				

## Income and Financial Resources

Can you tell me about the financial resources available to you? Do you have access to these resources?

Source	Amount	Details
TANF		
Child Support		
SSI or SSDI		
Alimony		
ABD		

Source	Amount	Details
Unemployment		
Pension		
Income F/T		
Income Temp		
Income Other		

Please indicate if you receive any assistance below that is not traditionally counted as income.

Other resources	Monthly Amount	Details
Food Stamps		
Tribal benefits		
School Loans		

Can you talk about ways that you currently make money now or in the past? Please share any details you want.

Do you foresee changes in how and how much money you make in the next 3 months? Please share any details you want.

## Additional Information

**FOR ADVOCATES:** Please include other notes or comments that provides context.

**FOR SURVIVORS:** Please include any feedback about this process that you may want to share.

## Systemic Barriers to Housing

*SCRIPT: Historically, systems in our society have been set up so that some groups of people have a harder time accessing the things they need to be healthy and safe over other groups.*

**What other factors not already discussed have made it consistently hard to to get in and stay in safe and stable housing? Please elaborate as you feel comfortable.**

**For Example:** Physical Health; Mental & Emotional Health; Gender Identity; Children-Related; Race/Ethnicity; Substance Use; Education; Employment; Criminal History; Immigration; Language Access; Legal Issues; Credit & Debt

Are there any past or upcoming legal issues that could make it challenging to look for housing and/or gets in the way of being stably housed? Yes                      No

**For Example:** Protection Order Dissolution/Divorce Warrants Upcoming Court Dates

Are there any current or ongoing healthcare issues that you'd like to share, **including any accommodations** that haven't been mentioned yet?