

Matching for Appropriate Placement Assessment Tool

Interview Date: _____
Interviewer Name: _____

Individual Name on ID _____
Family ID (if applicable) _____
Interviewer Agency _____

- This is an: Individual Head of household (without children) Head of household with children
 Youth (Age 18 - 24) Co-Head of Household (without children) Co-Head of household with children

I am going to ask you some questions about your health, well-being and housing history. We are interested in hearing from you. This information will help us find out which services are best for you. Many of the questions are very personal. If you do not want to answer a question, you don't have to.

These questions ask about your health:						Scoring						
1. Would you say that in general your health is: <input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor						Fair or Poor	<input type="checkbox"/>					
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during <u>the past 30 days</u> was your physical health not good? Number of Days:						> 14 days	<input type="checkbox"/>					
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during <u>the past 30 days</u> was your mental health not good?. Number of Days:						> 14 days	<input type="checkbox"/>					
4. During <u>the past 30 days</u> , for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of Days:						> 14 days	<input type="checkbox"/>					
5. Is the person in immediate danger to themselves or others due to: <input type="checkbox"/> Suicidal w/Plan <input type="checkbox"/> Threat to Others <input type="checkbox"/> Threat to Self Action taken:						FLAG						
6. Do you have any disabilities or chronic medical conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify if named:						Yes	<input type="checkbox"/>					
7. Do you have more than one disability or chronic condition? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify if named:						Yes	<input type="checkbox"/>					
Please choose the response that best corresponds to how often in the last 6 months you have experienced the following:						Never	Almost Never	Sometimes	Fairly Often	Very Often		
8. In the past 6 months, how often have you been physically hurt by another person?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
9. In the past 6 months, how often have your children or someone close to you been physically hurt by another person?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
10. In the past 6 months, how often has someone verbally hurt you?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
11. In the past 6 months, how often have you been emotionally hurt or been controlled by someone living with you?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>
12. In the past 6 months, how often have you felt unsafe where you are currently living?						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sometimes or More	<input type="checkbox"/>

MAP Assessment Tool

13. Have you had interaction with the police in the past 6 months for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
14. Have you been arrested, or have you spent a day in jail in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
15. Have you gone to an emergency room in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
16. Have you been admitted to or stayed overnight at a hospital for a medical reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
17. Have been committed to a (psychiatric) state hospital in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
18. Have you stayed at a crisis home or unit in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# Times	Yes	<input type="checkbox"/>
19. In the last 30 days, how many days have you lived (enter number of days) Outside (including street, car, camper/RV or park): (days) at an emergency shelter: (days) at a temp/transitional shelter: (days) in a supervised group home: (days) in a shared apartment/house: (days) in an independent apartment/house: (days)			Outside >14 days	<input type="checkbox"/>
20. In the last 3 years, how many times have you experienced homelessness?	Times		>1 Time	<input type="checkbox"/>
21. How long have you experienced homelessness this last time?	Years	Months	≥1 year	<input type="checkbox"/>
22. Has someone ever forced, manipulated or asked you to do something sexually or non-sexually in return for paying a debt, for money that you may or may not have received, or for promises of compensation, security or a place to stay?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Yes	<input type="checkbox"/>
23. Is substance use a barrier to you getting into/keeping housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Total Checked:				

SCORESHEET

Section I. Health and Wellness

- #1: 1 point if general health is poor or fair
- #2: 1 point if #PUD >14
- #3: 1 point if #MUD >14
- #4: 1 point if #ACT >14
- #5: Take immediate action
- #6: 1 point = 1 condition or disability
- #7: 1 point = 2 or more conditions or disability
- #8: 1 point = violence to you (sometimes, fairly often, very often)
- #9: 1 point = violence to those close (sometimes, fairly often, very often)
- #10: 1 point = verbal violence (sometimes, fairly often, very often)

- #11: 1 point = emotional violence or controlling (sometimes, fairly often, very often)
- #12: 1 point = feeling unsafe (sometimes, fairly often, very often)
- #13: 1 point = police encounter
- #14: 1 point = arrested or jail
- #15: 1 point = ER
- #16: 1 point = hospital (medical)
- #17: 1 point = state hospital (psychiatric)
- #18: 1 point = crisis home

Section II. Housing

- #19: 1 point = outside >14
- #20: 1 point = number of times experienced homelessness is >1

- #21: 1 point = number of years >1
- #22: 1 point = victim of human trafficking

Total score = 0-21

Scores > 11 should be flagged for possible crisis intervention

For more information about this assessment tool, including opportunities for training, visit www.pcn.org/map.

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