



Palm Beach County Health Department HCH Program Assessment Form

1.) Have you been staying with a friend or family member and not paying rent or on the lease?

Yes  No

2.) Have you been staying in temporary housing, such as Carp, Faith Farm, Jay's Ministry, Harmony House, Panda House, Gratitude House or other?

Yes  No

3.) Have you been staying in a homeless shelter such as the Lord's Place, Partners for Change, Florida Resource Center for women and children, the Regeneration Center, a hotel/motel with no permanent housing or other?

Yes  No

4.) Were you recently in jail or in the hospital and now you don't have a permanent place to live?

Yes  No

5.) Have you spent the night on the street or in a car?

Yes  No

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*Official Use Only\*\*\*\*\*

- 1. \_\_\_\_\_ Doubling Up
- 2. \_\_\_\_\_ Transitional Housing
- 3. \_\_\_\_\_ Shelter
- 4. \_\_\_\_\_ Other
- 5. \_\_\_\_\_ Street

Label

Employee signature

Date