

WORKSHEET



Assessing Existing Program Capacity for Housing Support

Instructions:

Please use the table below to indicate which activities your program assists with, and whether you do the tasks **internally** (with internal staff and resources), through a formal **partnership** with another community-based program, or through **referral** to another external organization.

We do this internally	We do this through a partnership	We do this via referral to an external entity	Activity
☐	☐	☐	Coordinated Assessments
☐	☐	☐	Housing Case Management
☐	☐	☐	Securing Vital Documents (IDs, Birth Certificates, etc.)
☐	☐	☐	Securing material needs for housing transitions (supplies, furniture, food pantries, etc.)
☐	☐	☐	Connections to Benefits (SOAR , SSI , SSDI , etc.)
☐	☐	☐	Access to the local Homeless Management Information System (HMIS)
☐	☐	☐	Involvement with local Continuum of Care (CoC)
☐	☐	☐	Resources for Special Populations (Older Adults, Youth, etc.)
☐	☐	☐	Community Integration (Social Connections, Transportation, etc.)

*Optional: Are there other ways your program supports consumers with their housing needs?
Please type here.*