

Housing Acuity Scale

Directions: If a question is not applicable, please answer “No”. Follow the scoring directions below and add up the total points and include the total into the acuity score box within ARIES. The client’s answers will help determine the effectiveness of this program and be useful for future improvements.

Questions – if the question is not applicable, please check “No”.	Yes	No
1. Have you been employed and receiving regular income for more than six months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been able to pay rent on time and in full each time in the past six months without HPP assistance?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have financial barriers (poor credit history, criminal history, foreclosure, or eviction or threat of eviction) decreased for you in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have employment barriers (job search skills, limited technical or vocational skills, or English proficiency) decreased for you in the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have your relationships with your landlord, roommate(s), neighbors or employer improved over the past six months?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel that your landlord is approachable and reliable in addressing repairs, ground maintenance, and neighborly disputes?	<input type="checkbox"/>	<input type="checkbox"/>
7. In your current residence, are there two or less people per bedroom?	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past year, have you moved less than three times?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel you will be able to pay rent without short-term or emergency rental assistance moving forward?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you plan on living in your current residence for at least a year?	<input type="checkbox"/>	<input type="checkbox"/>
Scoring		
Please add the numbers of checks for “Yes” for question 2 and 9 (Yes – 10 points each; No – 0 points)		
Please add the numbers of checks for “Yes” for question 1, 3-8 and 10 (Yes –1 point each; No –0 points)		
Total Points (<i>Maximum score: 28 points</i>)		

***Enter the total points in the Acuity Scale table under the Medical tab, Basic Medical Subtab in ARIES.**

Client Name (print)	ARIES ID	Date
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