



**OLYMPIC
HEALTH &
RECOVERY
SERVICES**

**Housing and Recovery through Peer Services (HARPS)
Housing Support Needs Assessment**

Print Participant Name: _____ D.O.B.: _____ ID#: _____

Please rate your support needs in the following areas. Comment on how you would like assistance and what barriers might contribute to the need. For example, you may need help with learning a new skill or how to follow through with a task because your mental health symptoms are interfering with your energy, concentration, or motivation.

	N/A	Never	Rarely	Sometimes	Always
Home Safety/Security—Problems with locks, restricting unwelcome visitors or domestic violence perpetrators, fire safety, appliance safety, medication storage, weapons, and/or smoking safety	0	1	2	3	4
Please Comment:					
Home Awareness—Arranging minor repairs, servicing equipment, maintain/keeping the house clean.	0	1	2	3	4
Please Comment:					
Living Independently—Meal preparation, storing food, menu planning, dealing with correspondence.	0	1	2	3	4
Please Comment:					
Managing Money—Budgeting to pay rent on time, paying other bills, managing bank accounts, managing/applying for benefits.	0	1	2	3	4
Please Comment:					
Getting Out and About—Going shopping, utilizing available and needed services such as pharmacy, library, post office, public transportation, etc.	0	1	2	3	4
Please Comment:					
Tenant Rights—Knowing your landlord/tenant laws, advocating for yourself, managing/resolving concerns that affect you and other tenants.	0	1	2	3	4
Please Comment:					
General Welfare—Physical health, mental health, taking your medication, keeping appointments, substance use, or other challenges such as being checked in with regularly.	0	1	2	3	4
Please Comment:					
Community Connection—Maintaining connection to family, making or keeping friends, and finding participating in activities.	0	1	2	3	4
Please Comment:					
Meaningful Activity—Finding/keeping work, educational opportunities, or volunteer activities.	0	1	2	3	4
Please Comment:					
Managing Conflict—Avoiding or resolving conflict with neighbors, landlord, family, and friends.	0	1	2	3	4
Please Comment:					
Total: Add up all selected scores (example: Three circled 2's = 6 score)					

Overall Assessment Score: _____

Participant Signature: _____

Date: _____

Peer Counselor: _____

Date: _____