

## HOUSE MEMBER SURVEY FORM

### GENERAL INFORMATION ABOUT THIS FORM:

#### 1. Purpose:

This form is for office use only. The information on the form will be transferred to a spread sheet showing the information for all the house members we have ever had. The accumulated data is required by some of our contracts such as Multnomah County and by some of the foundations who give us money. The names on the form are necessary for the follow up required by the contracts. We will ask for your permission before using your name outside of our own records.

#### 2. Procedure

- The form is to be filled out by the secretary after each weekly meeting by the secretary of the house.
- There is supposed to be a separate form for each week.
- The form is designed so you can have 2 new members on each form (if there are 2 new members in a week) or 3 members leaving (if 3 members leave in a week.)
- If there are no new members or nobody has left, the secretary can call Guin at (503) 459-1339 and say “no change.”
- When a new member arrives, she/he may fill out this form ***only after*** they have been accepted into the house. They may fill it out themselves.
- When a member leaves, the bottom half of the first page must be filled out on that week’s form. Don’t worry about different people being on the top half. Office staff will find the member’s original intake form and put the two together.

#### 3. Explanation of some of the questions:

We hope most of the form is self-explanatory. But some questions need further explanation:

- a. Exit strategy: Did you fill out an exit strategy on the contract? Do you know what you would do, who you would call, where you would go if you had to leave the house? Answer yes or no.
- b. Children: you can identify your children any way you want. If you are worried about their privacy, you can identify them with a number like “child #1.”
- c. Child ethnicity: Use the categories that are listed on the next page under “what is your race or origin” question.
- d. Demographics: We are required by Multnomah County to ask both demographic questions as one is used by the State of Oregon Landlord Tenant Act and the other by the Federal Government under the Federal Fair Housing Act.

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- e. Personal Information Issues: This is to help us identify which at-risk populations we serve. This has a major impact on our funding. Specific information will not be made public.
- f. Ability to Pay, Job Salary: If you have a job it will really help us to know what your salary is when you first came and what it is when you leave. If we can show that people are able to increase their earning ability while they are living in our houses, that will really help us. Similarly, if someone is unemployed when they arrive and get a job while they are living in the house, that will really help us in future contract bids.

## HOUSE MEMBER SURVEY FORM

HOUSE NAME \_\_\_\_\_

DATE \_\_\_\_\_

**TO BE FILLED OUT EACH WEEK:**

NO CHANGE (call Guin at: (503) 459-1339)

*INSTRUCTIONS: NEW MEMBERS CAN FILL OUT TOP HALF AND FOLLOWING PAGES **AFTER** THEY HAVE BEEN ADMITTED.*

*THERE IS ROOM TO ACCOMMODATE 2 NEW MEMBERS AND 3 LEAVING MEMBERS ON THIS FORM.*

*FOR NEW MEMBERS, FILL OUT ALL THREE PAGES.*

*WHEN A MEMBER LEAVES, FILL OUT THE BOTTOM HALF OF THIS PAGE.*

**NEW MEMBER SECTION:**

NEW MEMER INFORMATION:

NAME (first/ last)	ARRIVAL DATE	REFERRING AGENCY	EXIT STRATEGY (Y/N)	PREVIOUS LIVING ARRANGEMENT	
				COUNTY	TYPE (car, motel, friend, shelter, etc.)

**LEAVING MEMBER:**

NAME	RELAPSE (Y/N)	DESTINATION	CONTACT INFO	LENGTH OF STAY	JOB SALARY

**CONTINUE NEW MEMBER INFORMATION ON NEXT PAGES**

## HOUSE MEMBER SURVEY FORM

(Continued from Page 1)

CHILDREN:

NAME OF NEW MEMBER: \_\_\_\_\_

CHILD # OR NAME	IN HOUSE (Y/N)	AGE	GENDER	ETHNICITY

NAME OF NEW MEMBER: \_\_\_\_\_

CHILD # OR NAME	IN HOUSE (Y/N)	AGE	GENDER	ETHNICITY

*If for privacy the member doesn't not to provide names of the children he/she can just number them.*

*For ethnicity, use the categories in the "race or origin" table below.*

## HOUSE MEMBER SURVEY FORM

**DEMOGRAPHICS:**

**PRIMARY RACE IDENTITY**

Name	Am. Indian/ Alaska Native	Asian	Black/ African Amer.	Native Hawaiian/ Pacific Islander	White	Decline to Answer

**WHAT IS YOUR RACE OR ORIGIN? MARK AS MANY BOXES AS YOU FEEL APPROPRIATE.**

Name	African	Asian	Black/ African Amer.	Latino/ Hispanic	Middle Easterner	Native Amer. or Alaska Native	Native Hawaiian or Pacific Islander	Slavic	White	Decline to Answer

**PERSONAL INFORMATION:**

NAME	AGE	ISSUES		
		MENTAL HEALTH	ADDICTION	DOMESTIC VIOLENCE

**ABILITY TO PAY**

NAME	JOB	SUBSIDY				
		SALARY AMOUNT	SSDI (Y/N)	TANF/ FS (Y/N)	FASA (Y/N)	RAP (Y/N)