

	MAVSA Question #	Question	Original	Revised	Rationale (Please explain your reason and indicate what kind of records or documentation are available to validate your rationale). All information must be included on the worksheet. If additional space is needed, you may increase the size of the table cell in Word or—if writing by hand—overflow into the margins or other cells.
<i>History of Housing</i>	Pre-Assessment	Age			N/A
	Question 1	Where You Sleep	<input type="checkbox"/> Street/Car/Tent <input type="checkbox"/> RV/Boat <input type="checkbox"/> Non-Residential Structure <input type="checkbox"/> TH <input type="checkbox"/> Hotel <input type="checkbox"/> Refused	<input type="checkbox"/> Street/Car/Tent <input type="checkbox"/> RV/Boat <input type="checkbox"/> Non-Residential Structure <input type="checkbox"/> TH <input type="checkbox"/> Hotel	
	Question 2	When did last stable housing end	Date: _____ <input type="checkbox"/> Refused	Date: _____	
	Question 3	How Many Years In Life Homeless	<input type="checkbox"/> More than 1 Year <input type="checkbox"/> Less than 1 Year <input type="checkbox"/> Refused	<input type="checkbox"/> More than 1 Year <input type="checkbox"/> Less than 1 Year	

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<i>History of Housing</i>	Question 4	Exited an institution in past 6 months	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 5 (a)	Stable housing ended due to discrimination	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 5 (b)	Stable housing ended due to violence/safety concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Financial</i>	Question 6 (a)	Currently working	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 6 (b)	If yes, any safety/discrimination or exploitation issues	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<i>Financial</i>	Question 7(a)	Permanent disability that prevents working	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 7(b)	If no, do lack of skills in past decade make having a job difficult	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 8	Approximate Monthly Income	\$ _____	\$ _____	
	Question 9	Cal-Fresh or Medi-Cal	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 10	Income is from a Fixed Source	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<i>Financial</i>	Question 11	Do you have:	<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Debt in collections <input type="checkbox"/> unpaid utilities <input type="checkbox"/> very low or no credit <input type="checkbox"/> other financial issues <input type="checkbox"/> None <input type="checkbox"/> Refused	<input type="checkbox"/> Bankruptcy <input type="checkbox"/> Debt in collections <input type="checkbox"/> unpaid utilities <input type="checkbox"/> very low or no credit <input type="checkbox"/> other financial issues <input type="checkbox"/> None	
<i>General Health</i>	Question 12	Should be taking meds but do not/cannot	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 13	Difficult to get or maintain job, housing, or lost relationship due to health issues	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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	Question 14	Can take care of daily needs without help	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 15	Left hospital or treatment against medical advice / without completing program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Physical Health</i>	Question 16	Rate general physical health	<input type="checkbox"/> 1 Critical <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3: Fair <input type="checkbox"/> 4: Good <input type="checkbox"/> 5: Excellent <input type="checkbox"/> Refused	<input type="checkbox"/> 1 Critical <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3: Fair <input type="checkbox"/> 4: Good <input type="checkbox"/> 5: Excellent	

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	Question 17	Chronic health condition	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 18	When you aren't feeling well do you seek help?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Mental Health</i>	Question 19	How would you rate your general mental health	<input type="checkbox"/> 1 Critical <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3: Fair <input type="checkbox"/> 4: Good <input type="checkbox"/> 5: Excellent <input type="checkbox"/> Refused	<input type="checkbox"/> 1 Critical <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3: Fair <input type="checkbox"/> 4: Good <input type="checkbox"/> 5: Excellent	
	Question 20	Have you ever been held involuntarily because of your mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<i>Mental Health</i>	Question 21	When angry or frustrated, do or say things that you regret or have negative consequences	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 22	Have you ever attempted to end your own life	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Substance Use</i>	Question 23	Have you or someone you were using with ever needed med. Attn. as a result of drug or alcohol use	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 24	In past 6 months, did you ever drink or use in a way that worried you	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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<i>Criminal Justice</i>	Question 25	How many nights total in jail or prison in past 2 years	<input type="checkbox"/> None <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-2 years <input type="checkbox"/> Refused	<input type="checkbox"/> None <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1-3 months <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6-12 months <input type="checkbox"/> 1-2 years	
	Question 26	Mistreatment by police	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 27	Legal issues affecting housing/ job: warrants, fines, immigration issues; evictions	<input type="checkbox"/> Yes, current legal stuff <input type="checkbox"/> Yes, previous legal stuff <input type="checkbox"/> Non-Residential Structure <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes, current legal stuff <input type="checkbox"/> Yes, previous legal stuff <input type="checkbox"/> Non-Residential Structure <input type="checkbox"/> No	

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<i>Social</i>	Question 28	Homelessness due to abuse / trauma in incarceration/foster care	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 29	Do you feel you have meaningful & supportive relationships with friends/family you connect with regularly	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Connections to Resources</i>	Question 30	Is the place you usually sleep somewhere emergency services would have difficulty reaching you	<input type="checkbox"/> Somewhere far from a road/rocky/forested terrain <input type="checkbox"/> A place without cell reception <input type="checkbox"/> No other person nearby in emergencies <input type="checkbox"/> Other <input type="checkbox"/> I do not sleep in such a place	<input type="checkbox"/> Somewhere far from a road/rocky/forested terrain <input type="checkbox"/> A place without cell reception <input type="checkbox"/> No other person nearby in emergencies <input type="checkbox"/> Other <input type="checkbox"/> I do not sleep in such a place	

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<i>Connections to Resources</i>	Question 31	Do you have difficulty completing important documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 32	Are you able to read, understand, and complete important documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 33	Can easily meet basic needs: food, bathroom, showers	<input type="checkbox"/> No <input type="checkbox"/> Yes, in shelter/transitional <input type="checkbox"/> Yes, on my own <input type="checkbox"/> Refused	<input type="checkbox"/> No <input type="checkbox"/> Yes, in shelter/transitional <input type="checkbox"/> Yes, on my own	
	Question 34	Use public/free services: medical, food, benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Question 35	Phone/email that you can reliably use? (check all that apply)	<input type="checkbox"/> Personal Phone <input type="checkbox"/> Personal Email <input type="checkbox"/> Secondary Contact <input type="checkbox"/> None or phone/email not reliable	<input type="checkbox"/> Personal Phone <input type="checkbox"/> Personal Email <input type="checkbox"/> Secondary Contact <input type="checkbox"/> None or phone/email not reliable	