



**Interim Assessment Report 4 to Community Shelter Board:
Evaluation of Central Ohio's Stable Families Program**

APPENDIX A – DETAILED TABLES

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Table A1: Families referred to, assessed, and served by Stable Families

[Period: April 7, 2008 – December 31, 2009]

	Period 1 (Apr 7 – June 30, 2008)	Period 2 (July 1 – Dec 31, 2008)	Period 3 (Jan 1 - June 30, 2009)	Period 4 (July 1 - Dec 31, 2009)	CUMULATIVE (Apr 7, 2008 – Dec 31, 2009)
Referred to SF	123	170	260	244	797
Assessed by SF	74	103	174	164	515
Entered SF	58	79	145	139	421
Successfully exited from SF	0	59	120	126	305

Table A2: Referral sources to Stable Families

[Period: April 7, 2008 – December 31, 2009]

REFERRAL SOURCE	Period 1 (Apr 7 – June 30, 2008)		Period 2 (July 1 – Dec 31, 2008)		Period 3 (January 1 - June 30, 2009)		Period 4 (July 1 - Dec 31, 2009)		CUMULATIVE (Apr 7, 2008 – Dec 31, 2009)	
Community based social service center	37	29.8%	40	23.5%	46	17.7%	30	12.3%	153	19.2%
Child protective services	21	16.9%	30	17.6%	23	8.8%	9	3.7%	83	10.4%
Family or friend	14	11.3%	22	12.9%	38	14.6%	58	23.9%	132	16.6%
Church	9	7.3%	16	9.4%	44	16.9%	15	6.2%	84	10.5%
Homeless assistance provider	13	10.5%	26	15.3%	19	7.3%	24	9.9%	82	10.3%
Self (client)	3	2.4%	11	6.5%	37	14.2%	42	17.3%	93	11.7%
Non-PHA property owner or manager	7	5.6%	12	7.1%	27	10.4%	20	8.2%	66	8.3%
School	10	8.1%	4	2.4%	10	3.8%	20	8.2%	44	5.5%
Weinland Park School Pilot	n/a		n/a		n/a		17	7.0%	17	2.1%
PHA	2	1.6%	3	1.8%	8	3.1%	1	0.4%	14	1.8%
Job and Family Service Dept. (TANF)	5	4.0%	3	1.8%	4	1.5%	2	0.8%	14	1.8%
Other	2	1.6%	2	1.2%	3	1.2%	5	2.1%	12	1.5%
Legal services	1	0.8%	1	0.6%	1	0.4%	0	0.0%	3	0.4%

Table A3: “Primary” and “secondary” reasons for housing crisis (enrolled families)

[Period: April 7, 2008 – December 31, 2009]

Nature of Crisis	Period 1 (Apr 7 – June 30, 2008), primary		Period 1 (Apr 7 – June 30, 2008), secondary		Period 2 (July 1 – Dec 31, 2008), primary		Period 2 (July 1 – Dec 31, 2008), secondary		Period 3 (January 1 - June 30, 2009), primary		Period 3 (January 1 - June 30, 2009), secondary		Period 4 (July 1 - Dec 31, 2009), primary		Period 4 (July 1 - Dec 31, 2009), secondary		Cumulative, primary		Cumulative, secondary	
Loss of income	17	29.3%	14	24.1%	18	22.8%	19	24.1%	46	31.5%	54	37.0%	32	23.4%	67	50.0%	113	26.9%	154	36.9%
Loss of job	7	12.1%	4	6.9%	14	17.7%	9	11.4%	43	29.5%	16	11.0%	37	27.0%	14	10.4%	101	24.0%	43	10.3%
Rental eviction notice	11	19.0%	13	22.4%	7	8.9%	27	34.2%	8	5.5%	50	34.2%	10	7.3%	30	22.4%	36	8.6%	120	28.8%
Medical emergency	8	13.8%	1	1.7%	6	7.6%	4	5.1%	6	4.1%	6	4.1%	19	13.9%	2	1.5%	39	9.3%	13	3.1%
Divorce/separation	1	1.7%	4	6.9%	8	10.1%	0	0.0%	8	5.5%	1	0.7%	3	2.2%	2	1.5%	20	4.8%	7	1.7%
Family violence	4	6.9%	0	0.0%	4	5.1%	5	6.3%	7	4.8%	0	0.0%	3	2.2%	1	0.7%	18	4.3%	6	1.4%
Pregnancy	2	3.4%	1	1.7%	4	5.1%	1	1.3%	6	4.1%	3	2.1%	8	5.8%	3	2.2%	20	4.8%	8	1.9%
Substandard housing	3	5.2%	2	3.4%	3	3.8%	0	0.0%	3	2.1%	4	2.7%	7	5.1%	5	3.7%	16	3.8%	11	2.6%
Relationship problems	1	1.7%	6	10.3%	5	6.3%	3	3.8%	7	4.8%	4	2.7%	3	2.2%	0	0.0%	16	3.8%	13	3.1%
Legal issues (utility arrears, etc.)	1	1.7%	1	1.7%	4	5.1%	4	5.1%	0	0.0%	2	1.4%	4	2.9%	0	0.0%	9	2.1%	7	1.7%
Mental disability	1	1.7%	3	5.2%	3	3.8%	0	0.0%	2	1.4%	1	0.7%	6	4.4%	2	1.5%	12	2.9%	6	1.4%
Household expansion required	1	1.7%	3	5.2%	2	2.5%	2	2.5%	0	0.0%	3	2.1%	0	0.0%	3	2.2%	3	0.7%	11	2.6%
Alcohol and/or drugs	1	1.7%	1	1.7%	1	1.3%	1	1.3%	0	0.0%	0	0.0%	0	0.0%	1	0.7%	2	0.5%	3	0.7%
Physical health problem	0	0.0%	5	8.6%	0	0.0%	4	5.1%	10	6.8%	2	1.4%	3	2.2%	4	3.0%	13	3.1%	15	3.6%
Eviction	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.5%	0	0.0%	2	0.5%	0	0.0%

Table A4: Housing concerns (assessed families)

[Period: April 7, 2008 – December 31, 2009]

Housing concerns	Period 1 (Apr 7 – June 30, 2008)				Period 2 (July 1 – Dec 31, 2008)				Period 3 (Jan 1 - June 30, 2009)				Period 4 (July 1 - Dec 31, 2009)				CUMULATIVE (Apr 7, 2008 – Dec 31, 2009)			
	Reported as number one concern (n=55)		Reported as one of top three concerns (n=55)		Reported as number one concern (n=78)		Reported as one of top three concerns (n=78)		Reported as number one concern (n=170)		Reported as one of top three concerns (n=170)		Reported as number one concern (n=162)		Reported as one of top three concerns (n=162)		Reported as number one concern (n=465)		Reported as one of top three concerns (n=465)	
<i>Paying rent, affording housing, avoiding eviction</i>	30	55%	46	84%	45	58%	65	83%	130	76%	160	94%	114	70%	135	83%	319	69%	406	87%
<i>Utility bills</i>	2	4%	20	36%	8	10%	43	55%	9	5%	98	58%	10	6%	99	61%	29	6%	260	56%
<i>Safety of neighborhood</i>	11	20%	28	51%	9	12%	24	31%	5	3%	27	16%	10	6%	31	19%	35	8%	110	24%
<i>Financial / job</i>	2	4%	9	16%	2	3%	14	18%	7	4%	32	19%	3	2%	26	16%	14	3%	81	17%
<i>Finding a place to live</i>	6	11%	8	15%	8	10%	13	17%	5	3%	9	5%	8	5%	19	12%	27	6%	49	11%
<i>Location (near school, bus, etc)</i>	0	0%	7	13%	1	1%	10	13%	3	2%	19	11%	1	1%	13	8%	5	1%	49	11%
<i>Enough space for entire family</i>	3	5%	14	25%	2	3%	10	13%	4	2%	19	11%	1	1%	13	8%	10	2%	56	12%
<i>Food</i>	0	0%	0	0%	0	0%	8	10%	0	0%	20	12%	2	1%	15	9%	2	0%	43	9%
<i>Items for home (furniture)</i>	0	0%	0	0%	0	0%	7	9%	0	0%	10	6%	2	1%	26	16%	2	0%	43	9%
<i>Cleanliness / maintenance issues</i>	1	2%	13	24%	2	3%	7	9%	1	1%	14	8%	6	4%	17	10%	10	2%	51	11%
<i>Additional child related concerns</i>	0	0%	0	0%	0	0%	7	9%	0	0%	19	11%	3	2%	27	17%	3	1%	53	11%
<i>Other</i>	0	0%	12	22%	1	1%	8	10%	6	4%	23	14%	2	1%	16	10%	9	2%	59	13%

Table A5: Tenant screening barriers to housing stability
 [Period: April 7, 2008 – December 31, 2009]

	Period 1 (Apr 7 – June 30, 2008)		Period 2 (July 1 – Dec 31, 2008)		Period 3 (January 1 - June 30, 2009)		Period 4 (July 1 - Dec 31, 2009)		CUMULATIVE (April 7, 2008 - Dec 31, 2009)	
	ASSESSED n=72	ENROLLED n=56	ASSESSED n=100	ENROLLED n=77	ASSESSED n=170	ENROLLED n=143	ASSESSED n=164	ENROLLED n=138	ASSESSED n=506	ENROLLED n=414
# of evictions or unlawful detainers										
0	33 45.8%	24 42.9%	48 48.0%	38 49.4%	81 47.6%	68 47.6%	75 45.7%	65 47.1%	237 46.8%	195 47.1%
1	21 29.2%	17 30.4%	33 33.0%	26 33.8%	52 30.6%	46 32.2%	57 34.8%	47 34.1%	163 32.2%	136 32.9%
2-3	12 16.7%	10 17.9%	15 15.0%	12 15.6%	32 18.8%	25 17.5%	28 17.1%	23 16.7%	87 17.2%	70 16.9%
More than 3	6 8.3%	5 8.9%	4 4.0%	1 1.3%	5 2.9%	4 2.8%	4 2.4%	3 2.2%	19 3.8%	13 3.1%
# of eviction notices	ASSESSED n=73	ENROLLED n=57	ASSESSED n=101	ENROLLED n=77	ASSESSED n=170	ENROLLED n=143	ASSESSED n=164	ENROLLED n=138	ASSESSED n=508	ENROLLED n=415
0	25 34.2%	18 31.6%	40 39.6%	30 39.0%	59 34.7%	49 34.3%	31 18.9%	27 19.6%	155 30.5%	124 29.9%
1	23 31.5%	18 31.6%	32 31.7%	25 32.5%	60 35.3%	52 36.4%	81 49.4%	68 49.3%	196 38.6%	163 39.3%
2-3	17 23.3%	14 24.6%	22 21.8%	18 23.4%	43 25.3%	36 25.2%	44 26.8%	37 26.8%	126 24.8%	105 25.3%
More than 3	8 11.0%	7 12.3%	7 6.9%	4 5.2%	8 4.7%	6 4.2%	8 4.9%	6 4.3%	31 6.1%	23 5.5%
# of unpaid utility bills	ASSESSED n=72	ENROLLED n=56	ASSESSED n=100	ENROLLED n=76	ASSESSED n=170	ENROLLED n=143	ASSESSED n=162	ENROLLED n=136	ASSESSED n=504	ENROLLED n=411
0	31 43.1%	24 42.9%	41 41.0%	35 46.1%	74 43.5%	65 45.5%	41 25.3%	35 25.7%	187 37.1%	159 38.7%
1	19 26.4%	16 28.6%	23 23.0%	17 22.4%	38 22.4%	31 21.7%	55 34.0%	47 34.6%	135 26.8%	111 27.0%
2-3	20 27.8%	15 26.8%	36 36.0%	23 30.3%	58 34.1%	47 32.9%	66 40.7%	54 39.7%	180 35.7%	139 33.8%
More than 3	2 2.8%	1 1.8%	0 0.0%	1 1.3%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	2 0.4%	2 0.5%
Other screening barriers present	ASSESSED n=73	ENROLLED n=57	ASSESSED n=101	ENROLLED n=77	ASSESSED n=170	ENROLLED n=143	ASSESSED n=164	ENROLLED n=138	ASSESSED n=508	ENROLLED n=415
Poor reference from landlords	31 42.5%	21 36.8%	50 49.5%	32 41.6%	121 71.2%	102 71.3%	75 45.7%	64 46.4%	277 54.5%	219 52.8%
Lack of rental history	3 4.1%	2 3.5%	0 0.0%	0 0.0%	5 2.9%	5 3.5%	6 3.7%	4 2.9%	14 2.8%	11 2.7%
Lack of credit history	32 43.8%	27 47.4%	23 22.8%	14 18.2%	56 32.9%	40 28.0%	39 23.8%	31 22.5%	150 29.5%	112 27.0%
One or more misdemeanors	26 35.6%	19 33.3%	23 22.8%	19 24.7%	42 24.7%	36 25.2%	40 24.4%	30 21.7%	131 25.8%	104 25.1%
Critical felony	3 4.1%	1 1.8%	3 3.0%	2 2.6%	13 7.6%	13 9.1%	11 6.7%	6 4.3%	30 5.9%	22 5.3%
Other felony	4 5.5%	4 7.0%	11 10.9%	9 11.7%	15 8.8%	11 7.7%	0 0.0%	5 3.6%	30 5.9%	29 7.0%
	ASSESSED n=73	ENROLLED n=57	ASSESSED n=101	ENROLLED n=77	ASSESSED n=170	ENROLLED n=143	ASSESSED n=164	ENROLLED n=138	ASSESSED n=508	ENROLLED n=415
At least one tenant screening barrier	67 91.8%	52 91.2%	94 93.1%	69 89.6%	167 98.2%	140 97.9%	162 98.8%	136 98.6%	490 96.5%	397 95.7%

Table A6: Personal barriers to housing stability
 [Period: April 7, 2008 – December 31, 2009]

	Period 1 (April 7 - June 30, 2008)				Period 2 (July 1 - Dec 31, 2008)				Period 3 (January 1 - June 30, 2009)				Period 4 (July 1 - Dec 31, 2009)				Cumulative (Apr 7, 2008- Dec 31, 2009)			
	ASSESSED n=73		ENROLLED n=57		ASSESSED n=101		ENROLLED n=77		ASSESSED n=170		ENROLLED n=143		ASSESSED n=164		ENROLLED n=138		ASSESSED n=508	ENROLLED n=415		
<i>Mental health resulted in housing loss</i>	2	2.7%	0	0.0%	6	5.9%	6	7.8%	9	5.3%	6	4.2%	5	3.0%	4	2.9%	22	4.3%	16	3.9%
<i>Mental health currently affects housing</i>	6	8.2%	2	3.5%	10	9.9%	6	7.8%	10	5.9%	7	4.9%	11	6.7%	10	7.2%	37	7.3%	25	6.0%
<i>Domestic violence resulted in housing loss</i>	8	11.0%	5	8.8%	14	13.9%	11	14.3%	28	16.5%	26	18.2%	27	16.5%	22	15.9%	77	15.2%	64	15.4%
<i>Domestic violence currently affects housing</i>	2	2.7%	2	3.5%	0	0.0%	0	0.0%	6	3.5%	6	4.2%	1	0.6%	1	0.7%	9	1.8%	9	2.2%
<i>Chemical use resulted in housing loss</i>	2	2.7%	2	3.5%	3	3.0%	2	2.6%	8	4.7%	5	3.5%	8	4.9%	9	6.5%	21	4.1%	18	4.3%
<i>Chemical use currently affects housing</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.2%	2	1.4%	0	0.0%	0	0.0%	2	0.4%	2	0.5%

	Period 1 (January 1 - June 30, 2009)		Period 2 (July 1 - Dec 31, 2008)		Period 3 (January 1 - June 30, 2009)		Period 4 (July 1 - Dec 31, 2009)		Cumulative (Apr 7, 2008- Dec 31, 2009)											
	ASSESSED n=73	ENROLLED n=57	ASSESSED n=101	ENROLLED n=77	ASSESSED n=170	ENROLLED n=143	ASSESSED n=164	ENROLLED n=138	ASSESSED n=508	ENROLLED n=415										
At least one personal barrier	12	16.4%	7	12.3%	24	23.8%	18	23.4%	45	26.5%	37	25.9%	41	25.0%	35	25.4%	122	24.0%	97	23.4%

Table A7: Income barriers to housing stability
 [Period: April 7, 2008 –December 31, 2009]

	Period 1 (Apr 7 – June 30, 2008)				Period 2 (July 1 – Dec 31, 2008)				Period 3 (January 1 - June 30, 2009)				Period 4 (July 1 - Dec 31, 2009)				Cumulative (Apr 7, 2008 - Dec 31, 2009)			
Currently housed: Percent of income spent on housing	ASSESSED n=50		ENROLLED n=42		ASSESSED n=74		ENROLLED n=62		ASSESSED n=103		ENROLLED n=92		ASSESSED n=125		ENROLLED n=106		ASSESSED n=352		ENROLLED n=302	
35% or less	13	26.0%	13	31.0%	23	31.1%	20	32.3%	16	15.5%	15	16.3%	15	12.0%	14	13.2%	67	19.0%	62	20.5%
36-50%	16	32.0%	14	33.3%	20	27.0%	20	32.3%	20	19.4%	19	20.7%	23	18.4%	22	20.8%	79	22.4%	75	24.8%
51-65%	8	16.0%	6	14.3%	12	16.2%	12	19.4%	21	20.4%	20	21.7%	29	23.2%	25	23.6%	70	19.9%	63	20.9%
66-80%	4	8.0%	2	4.8%	9	12.2%	6	9.7%	18	17.5%	15	16.3%	21	16.8%	19	17.9%	52	14.8%	42	13.9%
More than 80%	9	18.0%	7	16.7%	10	13.5%	4	6.5%	28	27.2%	23	25.0%	37	29.6%	26	24.5%	84	23.9%	60	19.9%
Not currently housed: Amount available to spend on housing	ASSESSED n=13		ENROLLED n=12		ASSESSED n=12		ENROLLED n=5		ASSESSED n=17		ENROLLED n=15		ASSESSED n=27		ENROLLED n=19		ASSESSED n=69		ENROLLED n=51	
\$0-200	2	15.4%	2	16.7%	2	16.7%	2	40.0%	6	35.3%	4	26.7%	3	11.1%	3	15.8%	13	18.8%	11	21.6%
\$201-300	1	7.7%	1	8.3%	2	16.7%	0	0.0%	3	17.6%	3	20.0%	1	3.7%	0	0.0%	7	10.1%	4	7.8%
\$301-400	2	15.4%	2	16.7%	2	16.7%	1	20.0%	0	0.0%	0	0.0%	6	22.2%	4	21.1%	10	14.5%	7	13.7%
\$401-500	5	38.5%	4	33.3%	2	16.7%	0	0.0%	6	35.3%	6	40.0%	6	22.2%	5	26.3%	19	27.5%	15	29.4%
\$501-600	3	23.1%	3	25.0%	2	16.7%	1	20.0%	2	11.8%	2	13.3%	5	18.5%	3	15.8%	12	17.4%	9	17.6%
\$601-700	0	0.0%	0	0.0%	2	16.7%	1	20.0%	0	0.0%	0	0.0%	4	14.8%	3	15.8%	6	8.7%	4	7.8%
\$701-800	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	7.4%	1	5.3%	2	2.9%	1	2.0%
Other indicators of income barriers	ASSESSED n=73		ENROLLED n=57		ASSESSED n=101		ENROLLED n=77		ASSESSED n=170		ENROLLED n=143		ASSESSED n=164		ENROLLED n=138		ASSESSED n=508		ENROLLED n=415	
Needs financial assistance for housing	55	75.3%	40	70.2%	85	84.2%	60	77.9%	167	98.2%	142	99.3%	163	99.4%	136	98.6%	470	92.5%	378	91.1%
Lacks permanent housing subsidy	58	79.5%	45	78.9%	82	81.2%	59	76.6%	143	84.1%	120	83.9%	134	81.7%	111	80.4%	417	82.1%	335	80.7%
Lacks steady, full-time employment	47	64.4%	32	56.1%	62	61.4%	43	55.8%	137	80.6%	113	79.0%	116	70.7%	95	68.8%	362	71.3%	283	68.2%
Lacks HS diploma or GED	29	39.7%	23	40.4%	38	37.6%	27	35.1%	56	32.9%	47	32.9%	39	23.8%	34	24.6%	162	31.9%	131	31.6%
Lack of reliable transportation	30	41.1%	22	38.6%	41	40.6%	32	41.6%	75	44.1%	59	41.3%	54	32.9%	47	34.1%	200	39.4%	160	38.6%
Lacks affordable / reliable childcare	18	24.7%	11	19.3%	19	18.8%	18	23.4%	65	38.2%	51	35.7%	44	26.8%	40	29.0%	146	28.7%	120	28.9%
Limited English proficiency	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	1.2%	2	1.4%	1	0.6%	0	0.0%	3	0.6%	2	0.5%
At least one income barrier	ASSESSED n=73		ENROLLED n=57		ASSESSED n=101		ENROLLED n=77		ASSESSED n=170		ENROLLED n=143		ASSESSED n=164		ENROLLED n=138		ASSESSED n=508		ENROLLED n=415	
	71	97.3%	55	96.5%	100	99.0%	76	98.7%	170	100.0%	143	100.0%	164	100.0%	138	100.0%	505	99.4%	412	99.3%

Table A8: Summary effect of barriers on housing stability

[Period: April 7, 2008 – December 31, 2009]

	Period 1 (Apr 7 – June 30, 2008)				Period 2 (July 1 – Dec 31, 2008)				Period 3 (January 1 - June 30, 2009)				Period 4 (July 1 - Dec 31, 2009)				Cumulative (Apr 7, 2008 - Dec 31, 2009)			
	ASSESSED n=73		ENROLLED n=57		ASSESSED n=101		ENROLLED n=77		ASSESSED n=170		ENROLLED n=143		ASSESSED n=164		ENROLLED n=138		ASSESSED n=508		ENROLLED n=415	
Impact of tenant screening barriers																				
<i>No effect</i>	4	5.5%	4	7.0%	11	10.9%	10	13.0%	4	2.4%	5	3.5%	2	1.2%	2	1.4%	21	4.1%	21	5.1%
<i>Minimal effect</i>	46	63.0%	32	56.1%	67	66.3%	55	71.4%	89	52.4%	77	53.8%	88	53.7%	79	57.2%	290	57.1%	243	58.6%
<i>Moderate effect</i>	21	28.8%	19	33.3%	19	18.8%	10	13.0%	74	43.5%	58	40.6%	73	44.5%	56	40.6%	187	36.8%	143	34.5%
<i>Major effect</i>	2	2.7%	2	3.5%	4	4.0%	2	2.6%	3	1.8%	3	2.1%	1	0.6%	1	0.7%	10	2.0%	8	1.9%
Impact of personal barriers																				
<i>No effect</i>	60	82.2%	49	86.0%	77	76.2%	59	76.6%	125	73.5%	106	74.1%	122	74.4%	102	73.9%	384	75.6%	316	76.1%
<i>Minimal effect</i>	8	11.0%	6	10.5%	10	9.9%	9	11.7%	30	17.6%	25	17.5%	33	20.1%	28	20.3%	81	15.9%	68	16.4%
<i>Moderate effect</i>	4	5.5%	2	3.5%	13	12.9%	7	9.1%	15	8.8%	12	8.4%	8	4.9%	7	5.1%	40	7.9%	28	6.7%
<i>Major effect</i>	1	1.4%	0	0.0%	1	1.0%	2	2.6%	0	0.0%	0	0.0%	1	0.6%	1	0.7%	3	0.6%	3	0.7%
Impact of income barriers																				
<i>No effect</i>	4	5.5%	4	7.0%	1	1.0%	1	1.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	5	1.0%	5	1.2%
<i>Minimal effect</i>	30	41.1%	28	49.1%	61	60.4%	54	70.1%	53	31.2%	49	34.3%	61	37.2%	54	39.1%	205	40.4%	185	44.6%
<i>Moderate effect</i>	25	34.2%	18	31.6%	21	20.8%	14	18.2%	61	35.9%	51	35.7%	74	45.1%	63	45.7%	181	35.6%	146	35.2%
<i>Major effect</i>	14	19.2%	7	12.3%	18	17.8%	8	10.4%	56	32.9%	43	30.1%	29	17.7%	21	15.2%	117	23.0%	79	19.0%
Overall barrier level																				
<i>Level 1: Zero to minimal barriers</i>	26	35.6%	25	43.9%	50	49.5%	46	59.7%	30	17.6%	29	20.3%	23	14.0%	23	16.7%	129	25.4%	123	29.6%
<i>Level 2: Moderate barriers</i>	39	53.4%	27	47.4%	42	41.6%	29	37.7%	130	76.5%	107	74.8%	133	81.1%	109	79.0%	344	67.7%	272	65.5%
<i>Level 3: Serious barriers</i>	7	9.6%	5	8.8%	9	8.9%	2	2.6%	10	5.9%	7	4.9%	8	4.9%	6	4.3%	34	6.7%	20	4.8%
<i>Level 4: Long-term barriers</i>	1	1.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.2%	0	0.0%
<i>Level 5: Severe barriers</i>	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%



**Interim Assessment Report 4 to Community Shelter Board:
Evaluation of Central Ohio's Stable Families Program**

APPENDIX B – ASSESSMENT TOOLS

April 19, 2010

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Appendix A: Assessment Tools for Stable Families

Barriers to Housing Stability Assessment

Client Name: _____	Assessment Date: ____ / ____ / ____ ____ Entry ____ 6 months ____ 12 months ____ Exit
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FOR HOUSEHOLD HEADS

1. TENANT SCREENING BARRIERS *(prior to entering program or since last assessment)*

TENANT SCREENING BARRIERS *(Check one)*

- Barriers *(complete below)*
 No Barriers *(skip to next section)*
 Barriers not assessed *(skip to next section)*

1A. RENTAL HISTORY/ISSUES

Number of evictions or unlawful detainers *(Check one)*

- | | | | | | |
|---------------------------------------|--------------------------------------|---|---|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 evictions/
unlawful
detainers | 1 eviction/
unlawful
detainers | 2-3 evictions/
unlawful
detainers | 4-9 evictions/
unlawful
detainers | 10 or more
evictions/
unlawful
detainers | Not assessed |

Number of eviction notices for unpaid rent or other lease non-compliance *(Check one)*

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 eviction
notices | 1 eviction notice | 2-3 eviction
notices | 4-5 eviction notices | 5 or more eviction
notices | Not assessed |

Poor reference from current/prior landlords *(Check one)*

- Yes No Not assessed

Lack of rental history *(Check one)*

- Yes No Not assessed

1B. CREDIT HISTORY/ISSUES

Unpaid utility bills *(Check one)*

- | | | | | | |
|----------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| No unpaid utility
bills | 1 unpaid utility bill | 2-3 unpaid utility
bills | 4-5 unpaid utility bills | 5 or more unpaid
utility bills | Not assessed |

Lack of credit history

- Yes No Not assessed

1C. CRIMINAL HISTORY

One or more misdemeanors

- Yes No Not assessed

Critical felony (sex crime, arson, drugs, violence)

- Yes No Not assessed

Other felony

- Yes No Not assessed

ASSESSMENT 1: ABILITY TO OBTAIN/MAINTAIN HOUSING IN THE COMMUNITY

Impact of tenant screening barriers on housing *(Check one)*

- No Effect
 Minimal Effect
 Moderate Effect
 Major Effect
 Not assessed

2. PERSONAL BARRIERS (prior to entering program or since last assessment)

PERSONAL BARRIERS (Check one)

- Barriers (complete below) No Barriers (skip to next section) Barriers not assessed (skip to next section)

2A. CHEMICAL HEALTH

Chemical use has resulted in housing loss

- Yes No Not assessed

Chemical use currently affects ability to obtain/maintain housing

- Yes No Not assessed

2B. MENTAL HEALTH

Mental health has resulted in housing loss

- Yes No Not assessed

Mental health currently affects ability to obtain/maintain housing

- Yes No Not assessed

2C. DOMESTIC VIOLENCE/ABUSE

Domestic violence/abuse resulted in housing loss

- Yes No Not assessed

Domestic violence/abuse currently affects ability to obtain/maintain housing

- Yes No Not assessed

ASSESSMENT 2: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

Impact of client's personal barriers on housing (Check one)

- No Effect Minimal Effect Moderate Effect Major Effect Not assessed

3. INCOME BARRIERS (prior to entering program or since last assessment)

INCOME BARRIERS (Check one)

- Barriers (complete below) No Barriers (skip to next section) Barriers not assessed (skip to next section)

3A. INCOME

Needs/needed temporary financial assistance to obtain/maintain housing

- Yes No Not assessed

If housed: percent of income spent on housing (rent and utilities) (Check one)

- 35% or less 36% to 50% 51% to 65% 66% to 80% More than 80% Not Assessed

If not housed: amount able to spend on housing-\$ (Check one)

- 0 1-100 101-151 151-200 201-250 251-300 301-350
 351-400 401-500 501-600 601-700 701-800 801 or more Not Assessed

3B. OTHER INCOME - RELATED

Lacks ongoing, permanent housing subsidy (e.g. Section 8)

- Yes No Not assessed

Lacks steady, full time employment

- Yes No Not assessed

Lacks high school diploma or GED

- Yes No Not assessed

Job barrier: limited English proficiency

- Yes No Not assessed

Job barrier: lack of reliable transportation

- Yes No Not assessed

Job barrier: lack of reliable/affordable child care

- Yes No Not assessed

ASSESSMENT 3: ABILITY TO OBTAIN/MAINTAIN HOUSING IN YOUR COMMUNITY

Impact of client's income barriers on housing (Check one)

- No Effect Minimal Effect Moderate Effect Major Effect Not assessed

OVERALL BARRIER ASSESSMENT

OVERALL BARRIER-level (Optional)

- Level 1: Zero to minimal barriers-able to obtain/maintain housing with no or minimal supports
 Level 2: Moderate barriers-able to obtain/maintain housing with moderate one-time or brief transitional supports
 Level 3: Serious barriers-able to obtain/maintain housing with significant, intensive transitional supports
 Level 4: Long-term barriers-able to obtain/maintain housing with significant, intensive transitional or ongoing supports
 Level 5: Severe barriers-able to obtain/maintain housing with significant, intensive and ongoing supports

SERVICES RECEIVED BY FAMILY (only complete at 6 month, 12 month and exit assessment):

Services provided by FHC Long-Term program for this family: (Check all that apply)	Community based resources/services used by this family: (Check all that apply)
<input type="checkbox"/> Housing search and/or placement assistance	<input type="checkbox"/> Mental health and/or substance abuse treatment
<input type="checkbox"/> Case management (assessment, goal setting, etc.)	<input type="checkbox"/> Physical health
<input type="checkbox"/> Budgeting assistance/instruction	<input type="checkbox"/> Basic needs (food, clothing, furniture, etc.)
<input type="checkbox"/> Housekeeping assistance/instruction	<input type="checkbox"/> Emergency financial needs (e.g. rent, utilities, other)
<input type="checkbox"/> Mediation with landlord to address lease compliance concern	<input type="checkbox"/> Daycare
<input type="checkbox"/> Help with developing other life skills (e.g. time management, stress management)	<input type="checkbox"/> Transportation
<input type="checkbox"/> Access to FHC direct client assistance for emergency financial need (e.g. rent, utilities, other)	<input type="checkbox"/> Legal assistance
<input type="checkbox"/> Help with transportation (bus tickets, ride to appointment, etc.)	<input type="checkbox"/> Landlord mediation assistance to obtain or maintain housing
<input type="checkbox"/> Help with finding/keeping employment	<input type="checkbox"/> Employment
<input type="checkbox"/> Help with educational goal attainment, goal setting	<input type="checkbox"/> Education/training/GED
<input type="checkbox"/> Assistance accessing one or more of the following community resources/services (through information, referral and/or advocacy):	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Mental health and/or substance abuse treatment	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Physical health	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Basic needs (food, clothing, furniture, etc.)	<input type="checkbox"/> Other (specify):
<input type="checkbox"/> Emergency financial needs (e.g. rent, utilities, other)	
<input type="checkbox"/> Daycare	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Legal assistance	
<input type="checkbox"/> Landlord mediation assistance to obtain or maintain housing	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Education/training/GED	
<input type="checkbox"/> Other (specify):	FHC CASE MANAGEMENT SERVICES
<input type="checkbox"/> Other (specify):	Case management assistance since last assessment:
<input type="checkbox"/> Other FHC Services (specify):	Number of home/office visits with family: _____
<input type="checkbox"/> Other FHC Services (specify):	Average duration of visit (in minutes): _____



1. Matrix Summary

Intake Date: ___/___/___ Staff Name: _____

Agency Name: _____ Program Name: _____

2. Client Information

First Name _____ MI _____ Last Name _____ Suffix _____

Client ID (optional Agency ID) _____ SS# _____ - _____ - _____

3. Self-Sufficiency Matrix (for the Ohio Family Homelessness Prevention Pilot Project)

Instructions:

- Complete this form for all clients at: 1) entry, 2) exit, 3) at 3 months post exit, 4) at 6 months post exit
• Select one and only one level in each of the 17 areas below by marking the box next to the appropriate level
• Level categories: 1 = In Crisis, 2 = Vulnerable, 3 = Safe, 4 = Building Capacity, 5 = Empowered

Assessment Type (Point in Time - select one): [] Entry [] Exit [] 3 Month [] 6 Month

1. Income

- [] 1. No Income
[] 2. Inadequate income and/or spontaneous or inappropriate spending
[] 3. Can meet basic needs with subsidy; appropriate spending
[] 4. Can meet basic needs and manage debt without assistance
[] 5. Income is sufficient, well managed; has discretionary income and is able to save

2. Employment

- [] 1. No Job
[] 2. Temporary, part-time or seasonal; inadequate pay; no benefits
[] 3. Employed full-time; inadequate pay; few or no benefits
[] 4. Employed full-time with adequate pay and benefits
[] 5. Maintains permanent employment with adequate income and benefits



3. Shelter

- 1. Homeless or threatened with eviction
- 2. In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable
- 3. In stable housing that is safe but only marginally adequate
- 4. Household is safe, adequate, subsidized housing
- 5. Household is safe, adequate, unsubsidized housing

4. Food

- 1. No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost
- 2. Household is on food stamps
- 3. Can meet basic food needs but requires occasional assistance
- 4. Can meet basic food needs without assistance
- 5. Can choose to purchase any food household desires

5. Childcare

- 0. N/A
- 1. Needs childcare, but none is available/accessible and/or child is not eligible
- 2. Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
- 3. Affordable subsidized childcare is available but limited
- 4. Reliable, affordable childcare is available; no need for subsidies
- 5. Able to select quality childcare of choice

6. Children's Education

- 0. N/A
- 1. One or more eligible children not enrolled in school
- 2. One or more eligible children enrolled in school but not attending classes
- 3. Enrolled in school, but one or more children only occasionally attending classes
- 4. Enrolled in school and attending classes most of the time
- 5. All eligible children enrolled and attending on a regular basis

7. Adult Education

- 1. Literacy problems and/or no high school diploma/GED are serious barriers to employment
- 2. Enrolled in literacy and/or GED program and/or has sufficient command of English so language is not a barrier to employment
- 3. Has high school diploma/GED
- 4. Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
- 5. Has completed education/training needed to become employable. No literacy problems



8. Legal

- 1. Current outstanding tickets or warrants
- 2. Current charges/trial pending; noncompliance with probation/parole
- 3. Fully compliant with probation/parole terms
- 4. Has successfully completed probation/parole within past 12 months; no new charges filed
- 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months

9. Health Care

- 1. No medical coverage with immediate need
- 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health
- 3. Some members (Healthy Start, Health Families or children on State Children's Health Insurance Program)
- 4. All members can get medical care when needed but may strain budget
- 5. All members are covered by affordable, adequate health insurance

10. Life Skills

- 1. Unable to meet basic needs such as hygiene, food, activities of daily living
- 2. Can meet a few but not all needs of daily living without assistance
- 3. Can meet most but not all daily living needs without assistance
- 4. Able to meet all basic needs of daily living without assistance
- 5. Able to provide beyond basic needs of daily living for self and family

11. Mental Health

- 1. Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems
- 2. Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms
- 3. Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems
- 4. Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
- 5. Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems/concerns

12. Substance Abuse

- 1. Meets criteria for severe abuse; resulting problems so severe that institutional living or hospitalization may be necessary
- 2. Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities
- 3. Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month
- 4. Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use
- 5. No drug use/alcohol abuse in last 6 months



13. Family Relations

- 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
- 2. Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
- 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
- 4. Strong support from family or friends; household members support each other's efforts
- 5. Has healthy/expanding support network; household is stable and communication is consistently open

14. Transportation/Mobility

- 1. No access to transportation, public or private; may have car that is inoperable
- 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- 3. Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
- 4. Transportation is generally accessible to meet basic travel needs
- 5. Transportation is readily available and affordable; car is adequately insured

15. Community Involvement

- 1. No community involvement; in "survival" mode
- 2. Socially isolated and/or no social skills and/or lacks motivation to become involved
- 3. Lacks knowledge of ways to become involved
- 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
- 5. Actively involved in community

16. Safety

- 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- 2. Safety is threatened/temporary protection is available; level of lethality is high
- 3. Current level of safety is minimally adequate; ongoing safety planning is essential
- 4. Environment is safe, yet future of such is uncertain; safety planning is important
- 5. Environment is apparently safe and stable

17. Parenting Skills

- 0. N/A
- 1. There are safety concerns regarding parenting skills
- 2. Parenting skills are minimal
- 3. Parenting skills are apparent but not adequate
- 4. Parenting skills are adequate
- 5. Parenting skills are well developed

STABLE FAMILIES PROGRAM

Family Name: _____
ASSESSMENT Date form completed _____



The Stable Families Program will work with you for 3-6 months to help you stay in your home and keep your children in the same school. The program will help you find and use community resources and help you set and achieve your personal and family goals. Families will also develop a money management plan to make the most of their resources. Is this something you would be interested in?

In order to be considered for the program, it is important for CIS to collect some information from you. There are some intake questions that I need to ask you as part of our data collection. It is a requirement to participate in the program and participation is voluntary. In the initial phases of this program, case managers will be collecting data about your current housing crisis, rental history, criminal history, any personal barriers to maintaining housing, and income. Are you willing to participate in this process?

After taking down your information, the case manager will send it on to the supervisor of the program. The supervisor will then make a determination of whether or not this program fits your family's needs within 2 days. If it does, you will begin working with the case manager immediately. If this program is not a good fit for your family's needs, you will be provided with community resources to help you with your current situation. There is the ability to appeal the decision if you are not in agreement with it.

1. How long have you lived at this address? _____

2. How did you hear about our program? _____

3. Is there anything in what I've just told you about our program that really appeals to you? _____

4. What are your top three housing concerns? Rate them in order of importance.

1. _____
2. _____
3. _____

5. On a scale from 1-10, where would you rate your progress towards resolving these concerns:

1 2 3 4 5 6 7 8 9 10
Little or no progress Some progress Great Progress

6. What kept you from rating yourself lower? _____

7. Where do you want to be? _____

8. What would it take for you to get there? _____

9. What are you willing to do to get there? _____

10. Are you willing to accept case management to work on these concerns? _____

11. What are your families strengths and supports? _____

Members of Household

Name <small>(first, middle int., last, suffix, and maiden if applicable)</small> <small>Include any other names you have gone by in the past or present.</small>	Date of Birth	Gender <small>(male, female transgender)</small>	Social Sec. # <small>(if family refuses to give #, please put refused)</small>	Relationship <small>(See categories below)</small>	Race <small>(see codes below; add multiple codes if needed)</small>	Hispanic <small>Y N</small>	Veteran <small>(if family member refuses to answer, put refused)</small> <small>Y N</small>
1. _____	_____	_____	_____	_____	_____	Y N	Y N
2. _____	_____	_____	_____	_____	_____	Y N	Y N
3. _____	_____	_____	_____	_____	_____	Y N	Y N
4. _____	_____	_____	_____	_____	_____	Y N	Y N
5. _____	_____	_____	_____	_____	_____	Y N	Y N
6. _____	_____	_____	_____	_____	_____	Y N	Y N
7. _____	_____	_____	_____	_____	_____	Y N	Y N
8. _____	_____	_____	_____	_____	_____	Y N	Y N

Race Codes: W – White AA – Black or African American AS – Asian AI – American Indian AN – Alaska Native HP – Native Hawaiian or other Pacific Islander

Relationship Categories: son, daughter, step-son, step-daughter. Grandson, granddaughter, wife, husband, brother, sister, mother, father, grandmother, grandfather, significant other, other relative, other non-relative, unknown

Adult Employment

First Name	Employed	Place of Employment	Type	Hours worked last week	Gross monthly income	Source
1. _____	Y N	_____	P T S	_____	_____	_____
2. _____	Y N	_____	P T S	_____	_____	_____
3. _____	Y N	_____	P T S	_____	_____	_____
4. _____	Y N	_____	P T S	_____	_____	_____
5. _____	Y N	_____	P T S	_____	_____	_____

Total: _____

Income Sources: Earned Income, Unemployment Insurance, SSI Benefits, SSDI Benefits, Veterans Disability, Worker’s Compensation, TANF, Retirement Income from Soc. Sec., Private Disability, General assistance, Veteran’s Pension, Pension from former job, Child Support, Alimony, Other Source, No Financial Resources.

Employment Type: P- Permanent, T- Temporary, S- Seasonal.

If not employed, currently looking for work? Yes _____ No _____

Adult Education

First Name	Highest Level of Education Completed (see categories below)	Degree (see categories below)	Currently in School	Received Vocational Training
1. _____	_____	_____	Y N	Y N
2. _____	_____	_____	Y N	Y N
3. _____	_____	_____	Y N	Y N
4. _____	_____	_____	Y N	Y N
5. _____	_____	_____	Y N	Y N

Highest Level education Completed: no schooling, nursery school to 4th grade, 5th grade to 6th grade, 7th grade to 8th grade, 9th grade, 10th grade, 11th grade, 12th grade no diploma, high school diploma, GED, post-secondary school

Degree: None, Associates degree, Bachelor's degree, Masters, Doctorate, Other graduate/professional degree

Non-Cash Benefits

Does anyone in your household receive any of the following non-cash benefits (for the past month)?

Food Stamps, MEDICAID, MEDICARE, State Children's Health Insurance Plan, WIC, VA Medical Benefits, TANF child care services, TANF transportation services, Other TANF-funded services, Section 8, public housing or other rental assistance, Other (specify)

(If family member has multiple sources of non cash benefits, please list separately)

First Name	Benefit Received (specify using categories above)	Monthly Amount	First Name	Benefit Received (specify using categories above)	Monthly Amount
1. _____	_____	_____	2. _____	_____	_____
3. _____	_____	_____	4. _____	_____	_____

Total (for all family members): _____

What other agencies are you working with or have you received assistance from in the recent past?

1. _____ Caseworker's Name and Number _____
2. _____ Caseworker's Name and Number _____
3. _____ Caseworker's Name and Number _____
4. _____ Caseworker's Name and Number _____
5. _____ Caseworker's Name and Number _____

1. What is your current living situation?

- _____ Room, apartment, or house that is rented – without assistance of housing subsidy.
- _____ Room, apartment, or house that is rented – with subsidy that is project-based.
- _____ Room, apartment, or house that is rented – with subsidy that is not project-based.
- _____ Apartment or house that you own.
- _____ Staying or living with family/friends
- _____ Hotel or motel
- _____ Emergency Shelter

- Transitional housing
- Permanent housing for formerly homeless persons
- Psychiatric hospital
- Substance abuse treatment facility
- Hospital
- Jail or prison
- Foster care home or foster group home
- Place not meant for habitation
- Don't know
- Refused
- Other (specify) _____

2. How long have you been at your current residence?

- One week or less
- More than one week, less than one month
- One to three weeks
- More than three months, but less than one year
- One year or longer

3. Where was your previous residence located?

- Within Franklin County (inside city-Columbus)
- Within Franklin County (outside city-Columbus)
- Within Ohio (outside Franklin County)
- Outside Ohio

4. List address for previous residence:

County: _____

Street Address: _____

Zip code: _____

Zip code of last permanent address (lived in longer than 90 days): _____

5. How did your household come to be in this housing crisis?

P = Primary S = Secondary

- Divorce/Separation
- Loss of job
- Loss of income
- Medical emergency

- _____ Family violence
- _____ Alcohol or drugs
- _____ Mental disability
- _____ Eviction notice
- _____ Relationship problems
- _____ Pregnancy
- _____ Household expansion required relocation
- _____ Physical health problems
- _____ Substandard housing
- _____ Legal issues

3. How much is your monthly rent? _____

4. Do you have an eviction notice or a 3-day notice to leave the premises? _____
 If so, how far along are you in the process? _____

5. Are you current on your rent payments? _____
 If not, how far behind are you? _____
 Do you think your landlord is willing to work with you? _____
 Landlord Name _____ Phone Number _____
 *collect ROI from client to speak with landlord if necessary.

6. Do you have any past due utilities? _____
 If so, which ones and how much? _____
 Do you have a disconnect notice? If so, what is the shut off date? _____

Child's School History

First Name	Enrolled?	Grade Level	Current School	Type? (see below for categories)	Past schools attended and dates
1. _____	Y N	_____	_____	_____	_____
2. _____	Y N	_____	_____	_____	_____

3. _____ Y N _____

4. _____ Y N _____

Type of school: Public or Parochial or other private school

For children that are in school, how are they doing?

First Name

How doing?

1. _____

2. _____

3. _____

4. _____

If child is not currently enrolled in school, what date was the child last enrolled in school?

First Name

Date of last enrollment?

1. _____

2. _____

3. _____

4. _____

Did client progress to Enrollment phase after assessment? Yes No

If No, why not?

- Client refused to participate
- Client not eligible per assessment – not at risk of literal homelessness
- Client not eligible per assessment – client needs are too great for program design
- Client unresponsive to communication
- Client resolved crisis w/o assistance
- Program at capacity



**Interim Assessment Report 4 to Community Shelter Board:
Evaluation of Central Ohio's Stable Families Program**

**APPENDIX C – COMPARING THE DEMOGRAPHICS OF THOSE
ENROLLED IN STABLE FAMILIES WITH THOSE SERVED BY
GLADDEN COMMUNITY HOUSE'S HOMELESSNESS
PREVENTION PROGRAM**

April 19, 2010

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When one compares the heads of household served by Stable Families with the heads of household served by Gladden Community House's Prevention Program, three major differences are noted.

- **Race:** 75% of Stable Families' heads of household are Black or African American, compared to 30% of Gladden Prevention's heads of household. This difference was statistically significant.
- **Gender:** 95% of Stable Families' heads of household are female, compared to 79% of Gladden Prevention's heads of household. This difference was statistically significant.
- **Family size (average):** The average number of people in the families served by Stable Families (3.9) was larger than the average number of people in the families served by Gladden's Prevention program (2.6).¹

	Stable Families program (April 7, 2008 – Dec 31, 2009) (n=421 families enrolled)		Gladden - Prevention (April 1, 2008 – Dec 31, 2009) (n=479 families enrolled)	
Head of household - race	#	%	#	%
<i>American Indian or Alaskan Native</i>	2	0.5%	2	0.4%
<i>Asian</i>	0	0.0%	2	0.4%
<i>Black or African American</i>	316	75.1%	144	30.1%
<i>White</i>	103	24.5%	327	68.3%
<i>Other</i>	0	0.0%	4	0.8%
Head of household - ethnicity	#	%	#	%
<i>Hispanic</i>	17	4.0%	0	0.0%
<i>Non-Hispanic</i>	403	95.7%	479	100.0%
Head of household - gender	#	%	#	%
<i>Female</i>	398	94.5%	377	79.0%
<i>Male</i>	23	5.5%	102	21.0%
Head of household - educational attainment	(n=421 heads of household)		(n=1064 distinct adults)	
	#	%	#	%
<i>No high school diploma</i>	136	32.3%	430	40.4%
<i>High school diploma or GED</i>	185	43.9%	419	39.3%
<i>Post-secondary school</i>	100	23.8%	215	20.2%
Head of household - other characteristics	(n=421 families enrolled)		(n=479 families enrolled)	
	#	%	#	%
<i>Headed by veteran? (Yes)</i>	4	1.0%	24	2.3%
<i>Involved in child protective services as youth? (Yes)</i>	170	40.4%	-	-
<i>Have disability of long duration? (Yes)</i>	51	12.1%	196	18.4%
Head of household - age (average)	33		37	
Family size (average)	3.9		2.6	
Average monthly household income	\$1,232		\$1,122	

Note: Calculations of average monthly household income are restricted to those households with income >\$0. The average monthly household income for those in Gladden's Prevention Program references both family households and single-adult households.

¹ Variance estimates (e.g., standard deviations) for these data were unavailable, so tests of statistical significance could not be performed.