

# Monthly Housing and Participant Assessment

Q1

## **HOUSING AND PARTICIPANT ASSESSMENT REPORT (HPAR)**

ONLY an authorized service provider agency staff may complete The Community Partnership (TCP) HPAR. Every question **MUST** be answered. This form **MUST** be completed during the required monthly Home Visit for each client.

Please complete by the 5th day of each month for the previous month. For questions, please contact Charlene Traylor at [CTraylor@community-partnership.org](mailto:CTraylor@community-partnership.org).

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### Q2 Participant Information

Date of visit (mm/dd/yyyy) \_\_\_\_\_

Time of visit (HH:MM AM/PM)  
\_\_\_\_\_

Participant's name or HMIS ID #  
\_\_\_\_\_

Address \_\_\_\_\_

Unit # \_\_\_\_\_

Participant's Telephone # \_\_\_\_\_

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### Q3 Provider Information

Provider Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Q4 Provider Information

Name of Provider Representative Completing HPAR

\_\_\_\_\_

Email Address of Provider Representative Completing HPAR

\_\_\_\_\_

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Q5 Currently monthly income:

\_\_\_\_\_

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Q6 Source(s) (i.e., employment, SSI, SSDI, IDA, TANF):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Q7 Have there been any income changes since last reporting period?

Yes

No

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*If Yes, answer Q8*

Q8 Has the change been reported to the appropriate TCP program staff and the clients HMIS Interim Review Assessment?

Yes

No

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*If Yes, answer Q9*

Q9 To whom and when? Please identify TCP program staff and date of notification:

Name \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

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Q10 Has the client paid their portion of the rental obligation?

Yes

No

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*If Yes, answer Q11 and if No, answer Q12 and Q13*

Q11 What verification was provided confirming payment (i.e., rent receipt, email verification from landlord)?

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Q12 What procedures/agreement have been identified to satisfy the outstanding debt?

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Q13 Total amount owed:

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Q14 Are the utilities on and operating properly?

Yes

No

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*If No, answer Q15, Q16. and Q21*

Q15 Please explain the reason for the utilities being off?

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Q16 Please describe the follow up plan for getting the utilities restored.

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Q17 Are the utility payments current?

Yes

No

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*If Yes, answer Q18*

Q18 What verification was provided confirming payment (i.e., utility receipt, verification from utility provider)?

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Q19 According to the lease, who is responsible for utility payment?

- Tenant
- Landlord

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*If Tenant, answer Q20*

Q20 If any, identify the tenant utility responsibilities:

- Electricity
- Gas
- Water

Q21 What procedures/agreement have been identified to restore service?

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**End of Block: Tenant Leasing and Income Information**

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**Start of Block: Structure and Materials Block**

**Q22 The following block of questions are related to Structure and Materials.**

If No is selected for any Question, please provide details in the comment box.

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Q23 Structure and Materials: Ceilings, walls, and floors, must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.

Yes

No

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If No, provide details

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Q25 Structure and Materials: The condition and equipment of interior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps, loose handrails or loose floorboards are unacceptable.

Yes

No

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If No, provide details

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Q27 Structure and Materials: The condition and equipment of exterior stairs, halls, porches, walkways, etc. For example, broken or missing steps, loose and rails or loose floorboards are unacceptable.

Yes

No

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If No, provide details

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Q29 Structure and Materials: Elevators must be operable.

Yes

No

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If No, provide details

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Q31 Structure and Materials: If there is a chairlift, it is in working condition.

Yes

No

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If No, provide details

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**Q33 The following block of questions are related to Space & Security.**

If No is selected for any Question, please provide details in the comment box.

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Q34 Space and Security: Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows window locks must me operable (such as window units with sash pins or sash locks, and combination window with latches).

Yes

No

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If No, provide details

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Q36 Space and Security: Any room used for sleeping must have at least one window. If the window is designed to be openable, the window must work.

Yes

No

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If No, provide details

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Q38 Space and Security: All windows in dwelling unit must have screens.

Yes

No

If No, provide details

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Q40 Space and Security: The unit doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.

Yes

No

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If No, provide details

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Q42 Space and Security: Bathroom areas must have one openable window or other adequate exhaust ventilation.

Yes

No

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If No, provide details

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Q44 Space and Security: Any room used for sleeping must have at least one window. If the window is designed to be openable, the window must work.

Yes

No

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If No, provide details

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**Q46 The following block of questions are related to Water Supply.**

If No is selected for any Question, please provide details in the comment box.

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Q47 Water Supply: Water in the dwelling unit must be turned on and operable. Water is visually clean (e.g. no discoloration, free from residue and foul odors).

Yes

No

Q48 If No, please describe the condition

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Q49 Water Supply: Dwelling must have hot and cold running water.

Yes

No

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Q50 If No, please describe the condition

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**Q51 The following block of questions are related to Bathroom(s).**

If No is selected for any Question, please provide details in the comment box.

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Q52 Bathrooms: The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.

Yes

No

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Q53 If No, please describe the condition

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Q54 Bathrooms: Bathroom areas must have one openable window or other adequate exhaust ventilation.

Yes

No

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Q55 If No, please describe the condition

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Q56 Bathrooms: The dwelling must have a fixed sink in proper operating condition, with a sink trap.

Yes

No

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Q57 If No, please describe the condition

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Q58 Bathrooms: The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.

Yes

No

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Q59 If No, please describe the condition

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**Q60 The following block of questions are related to Thermal Environment.**

If No is selected for any Question, please provide details in the comment box.

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Q61 Thermal Environments: There must be a system for heating dwelling. The system must be in proper operating condition. Space heaters are not an acceptable alternative to a working heating system in dwelling.

Yes

No

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Q62 If No, please describe the condition

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Q63 Thermal Environments: If there is a cooling system, the same standards as the heating system must apply.

Yes

No

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Q64 If No, please describe the condition

**Q65 The following block of questions are related to Illumination and Electricity.**  
If No is selected for any Question, please provide details in the comment box.

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Q66 Illumination and Electricity: The electricity in the dwelling must be turned on.

Yes

No

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Q67 If No, please describe the condition

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Q68 Illumination and Electricity: The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area must also have at least one electrical outlet, and all must be in proper operating condition.

Yes

No

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Q69 If No, please describe the condition.

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Q70 The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets.

Yes

No

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Q71 If No, please describe the condition

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Q72 All light switches must have proper light switch plates attached and electrical outlets must have proper outlet covers attached.

Yes

No

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Q73 If No, please describe the condition.

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Q74 The following block of questions are related to **Food Preparation and Refuse Disposal**. If No is selected for any Question, please provide details in the comment box.

Q75 Food Preparation and Refuse Disposal: Are there trash removal services, for the entire building including temporary outside storage where necessary (e.g., garbage cans)?

Yes

No

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Q76 If No, please describe the condition

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Q77 Food Preparation and Refuse Disposal: Is there temporary trash storage inside unit where necessary (e.g., garbage cans)?

Yes

No

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Q78 If No, please describe the condition

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Q79 Food Preparation and Refuse Disposal: The dwelling unit must have an oven, and a stove or range, and a refrigerator. All of the equipment may be either the owner's or the family.

Yes

No

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Q80 If No, please describe the condition

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Q81 Food Preparation and Refuse Disposal: The dwelling unit must have a kitchen sink in proper operating condition, with hot and cold running water.

Yes

No

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Q82 If No, please describe the condition

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Q83 Food Preparation and Refuse Disposal: The dwelling unit must have cabinets for the storage, and counter tops for the preparation and serving of food.

Yes

No

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Q84 If No, please describe the condition

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Q85 The following block of questions are related to **Cleanliness Condition**.  
If No is selected for any Question, please provide details in the comment box.

Q86 Cleanliness Condition: The dwelling unit must be in sanitary condition (e.g. floors swept or vacuumed, counter tops wiped clean, trash kept inside of receptacle).

Yes

No



Q87 If No, please describe the condition

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Q88 Cleanliness Condition: The dwelling unit must be free of vermin and rodent infestation.

Yes

No

Q89 If No, please describe the condition

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Q90 The following block of questions are related to Fire Safety.

If No is selected for any Question, please provide details in the comment box.

Q91 Fire Safety: Is there a means for emergency escape (such as fire stairs or egress windows.)?

Yes

No

Q92 If No, please describe the condition

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Q93 Fire Safety: Dwelling contains at least one fire extinguisher within the unit or immediate hallway of building.

Yes

No

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Q94 If No, please describe the condition

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Q95 Fire Safety: All smoke detectors in unit operable.

Yes

No

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Q96 If No, please describe the condition

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Q97 Fire Safety: Smoke detectors are provided in the following areas within the dwelling: all sleeping areas, communal areas, laundry room (if applicable) and kitchen.

Yes

No

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Q98 If No, please describe the condition

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Q99 Fire Safety: If the unit includes a carbon monoxide detector, all carbon monoxide detectors are operable.

Yes

No

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Q100 If No, please describe the condition

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Q101 Did participant notify landlord of maintenance concerns?

Yes

No

No maintenance concerns reported during visit

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*If Yes, answer Q102, if No, answer Q103 and Q104*

Q102 When/date and to whom did they address their concerns (i.e., property manager, maintenance line, receptionist)?

Addressee \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

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Q103 What further action occurred (i.e., contacted property manager, assisted client in submitting request, etc.)?

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Q104 Please provide the date of provider follow up and to whom did they notify (i.e., property manager, maintenance line, receptionist):

Addressee \_\_\_\_\_

Date (mm/dd/yyyy) \_\_\_\_\_

Q105 Are any of the above identified maintenance issues still outstanding since the last reporting period?

Yes

No

*If Yes, answer Q106, if No, answer Q107*

Q106 Please identify:

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Q107 What further action occurred?

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Q108 Comments:

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Q109 Participant's Signature:

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Q110 Provider's Signature: