

Housing Questionnaire

Name: _____

Phone: _____

Address: _____

Alternate Phone: _____

Email: _____

The following questionnaire will help the Housing Navigator better assist you in finding a place to live.

Please take a moment to provide details about you and your housing needs:

1. I am:
 - a. A person looking for affordable/accessible housing
 - b. A family member looking for affordable/accessible housing for a loved one
 - c. A Service Coordinator
 - d. Other (please specify)

2. My (or the person you are taking the survey for) disability was acquired before age 22
 - a. Yes
 - b. No

3. I or my family member are currently eligible for, or receiving services through:
 - a. The Office of People With Developmental Disabilities (OPWDD)
 - b. Nursing Home Transition and Diversion (NHTD) Waiver
 - c. Traumatic Brain Injury (TBI) Waiver
 - d. Office of Mental Health
 - e. Office of Alcoholism and Substance Abuse Services
 - f. Veterans Administration
 - g. Head Start
 - h. Other NYS Department of Health (DOH) program
 - i. Other (please specify)
 - j. I am not currently receiving services and/or don't know if I am eligible

4. I currently live:
 - a. Independently (alone or with roommates)
 - b. With a family member
 - c. Transitional Housing or shelter
 - d. In a group home
 - e. In family care
 - f. Am homeless

- g. Other (please specify)
5. I want to live:
- Independently by myself
 - Independently with one or more roommates
 - In a group home where staff is available at all times
 - In a house
 - In an apartment
6. My Current:
- Zip Code is _____
 - Town is _____
7. My current age range is:
- 18-29
 - 30-55
 - 56-62
 - 62+
8. My preferred location to live is:
- North _____
 - South _____
 - West _____
 - East _____
 - City of _____
9. My mobility is described as:
- Able to walk independently
 - Unsteady, use a walker or cane, and need either a ground floor home or a home with an elevator
 - Use a wheelchair or scooter for long distances.
 - Manual or electric wheelchair is necessary at all times and I need a home that is fully accessible
10. I need assistance with the following activities:
- Getting dressed
 - Bathing or showering
 - Preparing my meals
 - Eating my meals
 - Taking my medications
 - Using the bathroom

- g. Getting to appointments
- h. Paying my bills and managing my money
- i. Obtaining or maintaining benefits such as housing vouchers, food stamps.
- j. Transportation to and from work
- k. Transportation to and from social and/or faith based activities

11. Do you need in support in your home? Yes No

If yes check the statement that best applies to your need:

- Need occasional assistance
- Need assistance on a weekly basis
- Need assistance a few times per week
- Need assistance several times a week
- Need assistance on a daily basis
- Need assistance 24 hours a day/7 days a week

12. Will you need to use public transportation? Yes No

13. Do you want to be close to:

- a. A grocery store
- b. Restaurants
- c. A pharmacy
- d. Recreational activities (Movie Theater, etc.)
- e. Faith based activities

14. What questions can we answer about your housing search?