Preventing and Ending Homelessness
Fairfax-Falls Church Community Partnership
www.fairfaxcounty.gov/homeless

Fairfax-Falls Church Community Partnership

COVID-19 | High Risk Assessment

Date Completed: _____ **Organization:**_____

Project: _____ **HMIS #:**_____

HIGH RISK ASSESSMENT QUESTIONS

1. **What is your full name?** _____
2. **What is your date of birth?** _____ /_____/_____
3. **Are you a member of a household?** ☐ Yes ☐ No
   [If Yes] How many members are in your household? _____
4. **Are you or anyone in the household over the age of 60?** ☐ Yes ☐ No
   Check age group that applies to the oldest member of the household
   ☐ under 60 ☐ 60 – 64 ☐ 65 – 69 ☐ 70+
5. **Do you have any chronic health conditions?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused
   [If Yes] Please indicate if you have any of the following: (Check all that apply)
   ☐ Diabetes
   ☐ Heart Disease
   ☐ High Blood Pressure
   ☐ Lung Disease
   ☐ HIV/AIDS
   ☐ Other (please specify):_____
6. **[If Female] Are you currently pregnant?** ☐ Yes ☐ No ☐ Don't Know ☐ Refused
7. **[To be completed by the Provider] Are these chronic health conditions already fully documented in the Prioritization Pool?** ☐ Yes ☐ No

DOCUMENTATION FOR HIGH RISK STATUS

For the client to be considered as a top priority for High Risk status, documentation of chronic health conditions is required to be uploaded in HMIS. For a list of acceptable documentation, please review the High-Risk Assessment Documentation Policy. Date of Birth information must be verified for new clients entering the system for the first time after April 1, 2020.

CONTACT INFORMATION

Email Address: _____ ☐ Doesn't Have ☐ Don't Know ☐ Refused

Telephone Number: _____ ☐ Doesn't Have ☐ Don't Know ☐ Refused

EMERGENCY CONTACT INFORMATION

Is there someone we should contact in case of emergency? ☐ Yes ☐ No

Name of Person: _____

Email Address: _____

Telephone Number: _____