



Eden Village of Wilmington

a non-profit 501(c) (3)

APPLICATION PACKET

Included

- Application
- Qualifying Disability and Homelessness Verification
- Statement of Independence
- Favorites
- Confidential Data Collection & Management System Consent & Release of Information Form

Please include the following with this application

- A copy of a photo ID
- Income verification
- Insurance verification
- Pet documentation (if applicable)
- Vehicle documentation (if applicable)

Eden Village of Wilmington will not be actively evaluating applications until the Eden Village of Wilmington community is ready for occupancy. Early applications will not give you priority over other applicants.

APPLICATION

Application Date: ____ / ____ / ____

Do you have difficulty with reading or writing? ____ Yes ____ No

If yes, please explain: _____

Complete Legal Name _____
First Middle Last

Nickname or other names used _____

Date of Birth _____ Proof of age document _____

Place of Birth _____

Social Security # _____ - _____ - _____

Driver's License/State ID # _____ State of Issuance ____

Email Address _____

Cell Phone # _____ Work Phone # _____

What is your gender identity? (*check which is applicable*)

Male ____

Transgender ____

Female ____

Don't wish to specify ____

Non-binary ____

Declined ____

Relationship Status (*check which is applicable*)

Single never married ____

Separated ____

Divorced ____

In a relationship living alone ____

Married ____

In a relationship & living with partner ____

Widowed ____

Declined ____

What race OR races do you identify with? (*check which is applicable*)

Alaska Native ____

Pacific Islander ____

American Indian/Native American ____

White ____

Asian ____

Unknown ____

Black/African American ____

Prefer not to answer ____

Multiracial ____

Other: _____

Ethnicity (*check which is applicable*)

Hispanic or Latino ____

None of the Above ____

Not Hispanic or Latino ____

Prefer not to answer ____

How many children do you have? (*if applicable*) _____

Do you have any children that are minors? (*if applicable*) _____

Highest Level of Education Completed (*check which is applicable*)

8th Grade or below ____

Associate's degree ____

Some high school completed ____

College degree ____

12th Grade with no certification ____

Vocational Degree or Certificate ____

Highschool diploma or GED ____

Graduate or Professional Degree ____

Some College Completed ____

Declined ____

Do you currently have a case manager? Yes (*list name below*) No

Name _____

Agency _____

Phone # _____

Are you currently receiving community services? If so, What are they?

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If not, are you willing to receive services while living at Eden Village?

HOUSING HISTORY

1.) How long has it been since you lived in permanent stable housing? ____

2.) In the last three years how many times have you been homeless? ____

3.) Think back to the last 6 months. **How many nights** during that time did you spend in one of the following? **(If four (4) or more please write the number)**

i. Shelter 1 2 3 4 or more (____ nights)

ii. Vehicle 1 2 3 4 or more (____ nights)

iii. Outdoors 1 2 3 4 or more (____ nights)

iv. Hotel or motel 1 2 3 4 or more (____ nights)

v. Place unsuitable for human habitation 1 2 3 4 or more (____)

vi. Transitional housing 1 2 3 4 or more (____ nights)

vii. Halfway house 1 2 3 4 or more (____ nights)

viii. Hospital 1 2 3 4 or more (____ nights)

ix. Residential treatment facility 1 2 3 4 or more (____ nights)

x. Prison or jail 1 2 3 4 or more (____ nights)

xi. Long term care facility 1 2 3 4 or more (____ nights)

xii. **Housed** (meaning any house owned or rented by you with or without a subsidy, CoC/HUD housing, staying or living with family or friends)

1 2 3 4 or more (____ nights)

HEALTH & SAFETY

1.) Do you have, have you ever had, or has a healthcare provider ever told you that you have any of the following health conditions.

(Read each category AND choose ALL that apply)

- | | |
|--|--|
| <input type="checkbox"/> AIDS / HIV -related illness | <input type="checkbox"/> Chronic or ongoing physical illness |
| <input type="checkbox"/> Long continuing alcohol abuse | <input type="checkbox"/> Chronic or ongoing depression |
| <input type="checkbox"/> Long continuing drug abuse | <input type="checkbox"/> Post-traumatic stress disorder (PTSD) |
| <input type="checkbox"/> Serious and long continuing mental illness (including bipolar disorder and schizophrenia) | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Developmental disability |
| | <input type="checkbox"/> None of the above |

2.) Do you have any ongoing health problems or medical conditions?

- No
- Yes → if yes, please specify: _____
- Don't know
- Prefer not to say

3.) Is your disability or medical condition permanent or long-term?

Yes No

4.) Does your disability or medical condition require you to seek help or assistance in order to live independently? Yes No

5.) Would your disability or medical condition be improved if stable housing was provided? Yes No

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6.) IN THE PAST 6 MONTHS, **how many times** have you:

a. Received health care at an emergency department or room:

If four (4) or more please write the number

0 1 2 3

b. Taken an ambulance to the hospital:

If four (4) or more please write the number

0 1 2 3

c. Been hospitalized as an inpatient:

If four (4) or more please write the number

0 1 2 3

d. Used a crisis service including sexual assault crisis, mental health crisis, family/ intimate violence, distress centers and suicide prevention hotlines:

If four (4) or more please write the number

0 1 2 3

e. Talked to the police because you witnessed a crime, were victim to a crime, or the alleged perpetrator of a crime or because the police told you that you must move along :

If four (4) or more please write the number

0 1 2 3

f. Stayed one or more nights in holding cell, jail or prison whether that was a short term stay like the drunk tank, a longer stay for a more serious offense or anything in between:

If four (4) or more please write the number

① ② ③

g. Participated in Alcoholics or Narcotics Anonymous group meeting:

If four (4) or more please write the number

① ② ③

h. Seen a doctor or medical provider for a general outpatient visit:

If four (4) or more please write the number

① ② ③

i. Seen a doctor or a medical provider for a mental health outpatient visit:

If four (4) or more please write the number

① ② ③

j. Seen a doctor or medical provider for substance abuse treatment:

If four (4) or more please write the number

① ② ③

Application Continues on Next Page

7.) Have you been ever been attacked or beaten up since you became homeless? ___Yes ___No

8.) Have you threatened or tried to harm yourself or anyone else in the last 6 months? ___Yes ___ No

9.) Are you a victim or survivor of domestic violence? ___Yes ___No
If so, when? _____ By whom? _____

10.) Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship or because family or friends caused you to become evicted?
___Yes ___ No

11.) IN THE PAST 6 MONTHS, how many times have you been admitted to the emergency room or the hospital? (*If four or more times please write out the number*)

0

1

2

3

4 or more times

(___ times)

Income: List all sources of income and expenses. Sources of Income must be verifiable. Please attach copies of documentation (*i.e., pay stubs*) that will assist us in verifying a stable source of income.

Earned Income (Job)	\$
Unemployment Insurance	\$
Supplemental Security Insurance (551)	\$
Social Security Disability Insurance (5501)	\$
VA (Service Connected Disability)	\$
VA (Non-service Connected Disability)	\$
Private Disability Insurance	\$
Worker's Compensation	\$

General Assistance	\$
Social Security Retirement	\$
Pension/Retirement from Job	\$
Child Support	\$
Alimony/Spousal Support	\$
Other_____	\$
SNAP (Food Stamps)	\$
WIC	\$
Section 8, Public Housing or other on-going rental assistance	\$
Other Source_____	
Temporary Assistance	\$
TOTAL	\$

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

Expenses

Phone	\$
Car Payment/Insurance/Maintenance	\$
Food	\$
Transportation/Gasoline	\$
Medical (Doctor, prescriptions, etc.)	\$
Other -	\$
Other -	\$
TOTAL	\$

Healthcare

1.) Are you currently covered by health insurance? ___Yes ___No

If so, which program(s):

___ Medicaid

___ VA Medical Services

___ Medicare

___ Employer Provided

___ Private Pay

2.) If private pay what type of insurance do you have? _____

If you have health insurance you are required to attach a copy of your health insurance card. ***This application is not complete without the proper documentation of health insurance.***

3.) Do you have a primary care provider? _____ Yes _____ No

If so, who (*include location*) _____

Provider phone # _____

4.) Do you have a mental healthcare provider ___Yes ___No

If so, who (*include location*) _____

Provider phone # _____

LEGAL

1.) Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines or that make it more difficult to find a place to live? _____ Yes _____ No

If yes, please explain:

2.) Do you currently have any outstanding warrants for your arrest? ____ Yes ____ No

If yes, please explain:

3.) Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please explain:

4.) Have you ever been arrested and/or convicted of domestic violence? ____ Yes ____ No

If yes, please explain:

6.) Are you a registered sex offender? _____

7.) Are you currently on probation? _____

8.) Have you ever been evicted from housing in the past? __Y __N

If yes, please explain:

ADDITIONAL QUESTIONS

1.) Do you have any drug or alcohol addiction issues? Yes No

2.) Would you be willing to submit to a drug test? Yes No

3.) Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? Yes No

4.) Do you smoke? Yes No

5.) Do you have any prior military service? Yes No

Branch: _____

Veteran Status: _____

Do you have a copy of your DD-214? _____

6.) Do you own any animals? Yes No

If so, what type and breed? _____

How much do they weigh? lbs

7.) Do you own a car that will be parked on the property? Y N

*If you answered yes, you are required to show proof that your car's registration is up-to-date. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker. **If you answered yes, this application is not complete without attached proper documentation of any car.***

8.) Do you have any of the following End of Life Documents?

Declaration of Guardian

HIPAA Release

Directive to Physicians

Death Certificate Information Sheet

Durable Power of Attorney

References – List 3 people who are NOT family members and can serve as personal references.

First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	
First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	
First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	

Emergency Contacts – List 3 people to contact in case of an emergency, if different than above.

First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	
First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	
First Name _____	Last Name _____
Relationship _____	Phone (____) - ____ - ____
Address _____	
City/State/Zip _____	

By signing this application, I attest to the accuracy and completeness of the information provided to the best of my knowledge at this time. I also give Eden Village of Wilmington permission to have a Public Data Search and a criminal background check conducted on me.

____ / ____ / ____

Applicant Signature

Date

QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

Chronically Homeless Qualification Checklist

Eden Village defines a chronically homeless individual as – ***an unaccompanied person experiencing homelessness*** (a single individual who is homeless and alone and is not part of a family and not accompanied by children) with the following:

Part I – A disabling condition. Check the appropriate box(es)

Do you have any disabilities? ___ Yes ___ No

	Alcohol Abuse		Hearing		Physical/Medical
	Alzheimer’s/Dementia		HIV/AIDS		Physical/Mobility
	Cognitive		Learning		Visual
	Developmental		Mental Handicap/Injury		Speech
	Drug Abuse		Mental Illness		Other: _____

What medical or mental health diagnoses do you have?

Are each of the disabilities listed above expected to be of a long, continued and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?

Part II – How long have you lived in the Wilmington metropolitan area?

Part III – Chronic Homelessness Status. Check ONE

- Yes No Have you been continuously homeless for a year or more. HUD defines “homeless” as a person sleeping in a place not meant for human habitation e.g. living on the streets OR living in a homeless emergency shelter
- Yes No Have you had four (4) episodes of homelessness in the last three (3) years. HUD defines “homelessness” as “sleeping in a place not meant for human habitation e.g. living on the streets OR in a homeless shelter

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following. Check ALL that apply

- Certification letter(s) from an emergency shelter for people who are homeless.
- Certification letter(s) from a service provider for the homeless or outreach worker.
- Certification letter(s) from any other health or human service provider.
- Certification self-statement signed by the client.

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THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

Make every effort to complete BOTH sections of the **Third Party** and the **Self-certification**

Name of individual being verified as homeless _____

NOTE- Because third party verification is the preferred method of certifying chronic homelessness or risk for an individual who is applying for housing, all efforts to obtain third party verification should be exhausted before relying on the self-certification of housing.

WHEN to use this: When HMIS records or other objective documentation is not available for any period of homelessness of 30 days or more.

Examples of third party verifiers: Business owner, past case manager, fellow homeless individual, other service provider, etc.

THIRD PARTY VERIFICATION

Name _____ Date: ____ / ____ / ____

What is your relation to the person being verified as homeless

Where have you witnessed the client to be homeless (*specific location*)

When have you witnessed the client to be homeless list dates [MM/YYYY]
to [MM/YYYY]

SELF-CERTIFICATION of Chronic Homelessness

Please make every effort to complete BOTH this form and the third party certification above.

Have you been continuously homeless for the last 12 months ___ Yes ___ No

Describe episodes of homelessness over the past 12 months. Include all dates and locations (i.e. [month/year] to [month/year] at [location]):

Knowing that...

- Episodes (“occasions”) of homelessness are broken up by any period of time where you were housed for 7 days or more
- Transitional housing and hotels or motels paid for by the client are classified as housing for those eligibility purposes
- The following are classified as emergency shelters: HCHV contract beds and hotels or motels paid for by charitable organizations or by federal, state, and local government programs (TDCJ, HOPWA, etc.)
- Institution stays of less than 90 days are considered a continuation of homelessness, if the client entered from a place not meant for human habitation, emergency shelter or safe haven; if the institution stay is greater than 90 days this constitutes a break in homelessness.

Application Continues on Next Page

In the last three (3) years, have you been literally homeless on four (4) or more separate occasions, which total at least 12 months?

- If YES, document all episodes of homelessness in that last three (3) years below
- If NO, client is not currently chronic

Sum of homeless occasions (in months): _____

Note – *CHRONICALLY Homeless* if sum = 12 months or more

Oral Statement – I self-certify that I ...

By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in the termination of housing.

Applicant Signature

____/____/____

Date

CASE MANGER CERTIFICATION

I understand that third party verification is the preferred method of certifying chronic homelessness for an individual who is applying for housing. I understand self-declaration is only permitted when I have attempted but cannot obtain third party verification.

Documentation of attempt made for third party verification

Case Manager Signature _____ Date ____/____/____

Application Continues on Next Page

STATEMENT OF INDEPENDENCE

Eden Village of Wilmington is a non-profit 501© (3) program and is designed to provide independent, affordable, sustainable housing with dignity to those who are experiencing chronic homelessness. Chronic homelessness is defined as being continuously homeless for one year or more or being homeless at least four times for substantial durations over the past three years.

It is the expectation that all applicants will be able to live independently as single occupants in a home in a community environment. The occupant will be expected to maintain a clean and orderly home. **The Eden Village staff will make random and periodic inspections to ensure the home is kept in an orderly fashion.**

Eden Village will provide comprehensive case management services to accepted residents as needed (connection with medical and/or psychiatric care, assistance accessing community resources etc.). Additionally, residents will have the opportunity to access resources and services provided by external partners through the Eden Village Community Center. Eden Village will also provide residents the opportunity to receive limited primary care services from third party medical and mental health providers through the nursing station located on-site.

Eden Village and applicant(s) acknowledge that it is very difficult to live on a limited income. It will be important for the applicant to understand what other services are available in the city that would help offset the cost of everyday living.

By signing this document I attest that I am financially, physically, and emotionally fit to live independently as set out above. All information provided is true and accurate. I understand that any inaccuracy or incomplete information provided could cause my application to be rejected.

_____/_____/_____
Applicant's Signature Printed Name Date

Favorites

As a neighbor of Eden Village we want to get to know you better! Please fill out the following survey and let us know some fun facts about yourself.

1.) Do you have any hobbies? What are you interested in?

2.) What is your favorite color? _____

3.) What is your favorite movie? _____

4.) What is your favorite book? _____

5.) If you have a favorite flower what is it? _____

6.) What are your favorite foods? _____

7.) What kind of music do you like to listen to? _____

8.) Do you have a pet? If so, what kind? _____

Application Continues on Next Page



Eden Village of Wilmington

a non-profit 501(c) (3)

EDEN VILLAGE CONFIDENTIAL RESIDENT DATA COLLECTION AND MANAGEMENT SYSTEM INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION

I, (print applicant's name) _____, understand that should I be accepted to Eden Village, the information collected about me both as part of my application and through my participation in intake and follow up assessments will be entered into the secure and confidential Eden Village Database. This database will enable Eden Village to work alongside partners in academia, medicine, and public health to answer questions about the impact of our housing model on chronic homelessness, help us to better understand the problems facing individuals in situations of chronic homelessness in our city, equip our team do a better job connecting residents to local services and support groups based on their individual needs, and allow us to monitor our progress on meeting the performance goals we hold ourselves to as an organization.

Participation in data collection and release is a critical component of our ability to provide you with the most effective services and supportive community possible. The information that is collected in the Eden Village database is protected by limiting access to the database, HIPAA compliant security software, and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records.

By recording your answers to questions about your housing history, service utilization, mental and physical health, and observing how your responses change after living at Eden Village, we are able to get a sense of how well we are doing at serving you as an individual and our community as whole. To help us do this we ask your help in filling out a series of surveys before you move into Eden Village and that you allow our team to administer a similar set of surveys to you every six months. These brief tools are listed in the **APPENDIX** and should take no more than 30 minutes to complete. All of your responses will be strictly confidential and will not be shared with any other residents of Eden Village or unauthorized staff members in a way that identifies you.

Eden Village of Wilmington will not be actively evaluating applications until the Eden Village of Wilmington community is ready for occupancy. Early applications will not give you priority over other applicants.

DATA COLLECTION COMPONENTS

Data Collection at Eden Village will consist of three parts:

Part 1

Eden Village Application: The information that you provided us on your application will give us a sense of your baseline health status, housing history, and service use while unhoused in Wilmington. This provides us with a baseline sense of how you were doing prior to moving into Eden Village as well a clearer picture of struggles facing unhoused individuals in our city.

Part 2

Intake Assessment: If you are accepted into Eden Village, a team member will meet with you 2 weeks from your expected move-in date (at the latest) to administer four surveys as part of our intake assessment. The purpose of the intake assessment is:

- To gain a baseline understanding of how your homelessness affected you prior to moving into Eden Village: By asking you to complete *four surveys*, our team will get a clearer picture of your ability to perform activities of daily living, gain a better understanding of any psychological symptoms you may be dealing with, get a sense of your quality of life, and better understand any traumas you may be dealing with.
- To help our team do a better job connecting you to local services and support groups through the Eden Village Community Center and community-at-large after you move into our community.
- To help Eden Village gain a better understanding of the problems facing folks in situations of chronic homelessness in our city and better work alongside our community partners to combat these issues at the local level.

Part 3

Follow Up Assessment(s): After moving into Eden Village, our team will meet with you every six months following your move in date to administer three of the same surveys you completed in part one in addition to a fourth survey asking about whether any information that you provided us about your health status, housing history, and service use has changed since your application. More details about each survey can be found at the end of this form in the **APPENDIX**. Each survey session should take between 20 to 30 minutes to complete on average and your results will be entirely confidential.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

The information gathered and prepared by this agency will be included in the Eden Village Online Database and will be shared with potential academic, healthcare, and public health partners in a deidentified manner in order to:

- Produce anonymous aggregate level reports about use of services
- Produce anonymous aggregate level reports about program outcomes
- Track individual program-level outcomes
- Identify unfilled service needs and plan for provision of new services for our residents based on their responses

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize Eden Village and its partner organizations to share basic information regarding me and my family members/associates listed below. I understand that this information is for the purpose of helping me receive more personalized care from Eden Village, meeting organizational performance management goals, and reporting outcomes to answer academic questions about solutions to chronic homelessness.

THE INFORMATION MAY CONSIST OF THE FOLLOWING PPI (PROTECTED PERSONAL INFORMATION):

Name	Residence Prior to Project Entry	Domestic Violence
Date of Birth	Homeless History	Mental Health
Social Security Number	Zip Code of Last Permanent Residence	Disabling Condition(s)
Gender Identity	Family Composition	Alcohol and Drug Abuse
Ethnicity and Race	Employment Status	Legal history/information
Program Entry Date	Veteran Status	Service Use
Program Exit Date	HIV/AIDS	Physical Health and History
Income and Non-Cash Benefits information (sources and amounts of household income, employment information, work skills)		
Housing information (may include address, type of housing, homeless status, and reason for homelessness)		

I UNDERSTAND THAT:

- Information I give will not be shared with partner organizations and individuals in any way that identifies me
- Participating academic, healthcare, and public health partners have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by these agencies.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Staff members of the participating agencies who will see my information have signed agreements to maintain confidentiality regarding my information
- I give authorization to acknowledge my HIV/AIDS status; although, I am not sharing any test results or health information regarding my status

*I give authorization for my personal and relevant information collected through my application and follow up survey sessions to be entered into the Eden Village Data platform and **shared in a de-identified manner with participating partner agencies.***

_____	_____
Applicant's Signature	Date
_____	_____
Agency Personnel Name (print)	Agency Personnel Signature
_____	_____
	Date

APPENDIX

EDEN VILLAGE SURVEYS

- A custom survey with repeated questions from the application taken from [SAMHSA studies](#) on homelessness, the [2019 PATH Statewide Annual Report for North Carolina](#), [2020 Greater Los Angeles Homeless Count Demographic Survey](#), and the [VI-SPDAT Tool](#). These questions will enable us to measure whether Eden Village is saving our community money by saving you trips to the hospital and the emergency department. They will also give us a more unique picture of any logistical struggles you may have concerning your health and enable us to better come alongside you to tackle them.
- [The Adverse Childhood Experience Questionnaire for Adults](#) - Measuring ACE scores at intake can give our team an idea of how trauma from your past may still be impacting your life today and can help us walk alongside you on your road to healing by connecting you to mental health services. Ace scores are also a way to let us gauge your risk of suffering adverse health outcomes. **Looking at ACE scores for our entire Eden Village community can allow us to compare how well our**
- [Modified Colorado Symptom Index](#)- This survey measures adverse mental health symptoms. Measuring changes in your psychological symptoms over time can show us whether we are doing a good job in supporting your needs within our community. We anticipate that folks' scores will improve after spending time living at Eden Village. We can use these results to **show how being a part of a supportive and neighborly community at Eden Village can positively impact our resident's mental state and alleviate emotional problems** that can be perpetuated as a result of living a homeless life.
- [Brief Instrumental Functioning Scale](#) – This survey will measure your ability to perform activities of daily living. By monitoring our resident's ability to perform activities of daily living, we will be able to **quantify the extent to which our community supportive housing model is able to empower residents and improve their ability to take care of themselves** over time.
- [RAND 36 ITEM Health Survey 1.0](#)- This survey measures health related quality of life. It will enable us to assess whether living at Eden Village is having a positive impact on your-perceived health status and overall quality of life. The MOS Short Form Survey 36 tool has been validated in homeless populations and will enable us to **assess the impact of the Eden Village model on the perceived health status and quality of life of our residents across 8 different domains:** physical functioning, physical role limitations, bodily pain, general health perceptions, energy/vitality, social functioning, emotional role limitations, and mental health.

SURVEYS ADMINISTERED AT EACH ASSESSMENT POINT

- **Intake Assessment**
 - Adverse Childhood Experience Questionnaire for Adults
 - Modified Colorado Symptom Index
 - Rand 36 ITEM Health Survey 1.0
 - Brief Instrumental Functioning Scale
- **Follow Up Assessments**
 - Eden Village Custom Survey on health status, housing history, and service use
 - Modified Colorado Symptom Index
 - Rand 36 ITEM Health Survey 1.0
 - Brief Instrumental Functioning Scale