Homeless Services Department

MSST Assessment Revision Request Form

The Multnomah County Services and Screening Tool (MSST) is the locally developed assessment tool utilized to prioritize households for available housing resources in Multnomah County's Coordinated Access System. In limited situations where a household has been assessed within the last six months and the household's current circumstances ***differ significantly from their initial assessment*** *results, assessment staff may request that the results be formally reviewed by the Homeless Services Department (HSD) for potential updates and revisions.*

If a household's composition has changed OR it has been six months or more since a household's last Coordinated Access Assessment, an Assessment Revision Request is* ***NOT Required*. Direct the household to contact an assessor to update their assessment.*

MSST Revision Requests are reviewed regularly by the HSD CA team. The results are emailed to the requesting party within two weeks of receipt. *Completed forms must be submitted to:*

- For the Adult system referral request email: adultca@multco.us
- For the Family system referral request email: familyca@multco.us

Client HMIS ID: _____

Date of Most Recent MSST: _____

Individual Requesting Assessment Review: _____

Agency: _____

Role: ☐ Assessor ☐ Case Manager ☐ Other : _____

Phone: _____

Email: _____

Instructions: *Review the household's latest MSST assessment responses and detail below which questions and answers need revisions, along with justifications for adjustments to support any change(s).*

Assessment Questions	**Household's Original Response(s) Needing Revision** *(indicate the Question # and response)*	**Proposed Updated Response** *(please indicate the Question # and response)*	**Details** *(please indicate new information that would change the response; attach documentation as applicable)*
Domestic Violence (Questions 6-6b) ***Update if household is newly experiencing/fleeing DV*** **6.** Are you or anyone in your household a survivor of domestic violence? **6a.** When was the last time someone engaged in any patterns of domestic violence behaviors toward you or someone in your household? **6b.** Are you or anyone in your household currently fleeing/trying to escape domestic violence?			
Prior/Current Living Situation (Questions 7-10) ***Update if newly in homeless situation*** **7.** Where did you sleep last night? **8.** How long have you been sleeping there? **9.** On the night before you started sleeping where you are now, did you stay on the streets or in shelter? **10.** Are you currently at risk of losing your housing and becoming literally homeless within 14 days? **11.** Are you seeking shelter/ a safe place to sleep tonight? **11a.** If shelter is not available (or if not seeking shelter), where do you plan to sleep tonight?			
Household Size & Composition (Questions 12 - 16)	**Households are automatically eligible to re-complete the MSST assessment if there have been changes to the household composition** **STOP form & complete a new assessment with the head of household**		

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Housing History/Prior Living Situation (Questions 17 – 21a) ***Update if the current episode of homelessness is longer than previously reported, # of episodes has increased, or length of time homeless has increased*** **17.** Approximate date of most recent homeless episode **18.** # of times homeless in the last 3 years: 1 time, 2 times, 3 times, 4+ times **19.** Total # of months homeless in the past 3 years **20.** In what neighborhood do you usually stay? **21**. *Adult HHs Only* Have you or any ancestors ever lived in North or Northeast Portland? **21a**. Have you applied for housing through the City's North/Northeast Portland Preference Policy?			
Income (Questions 22-23) *** Update if the household has lost or decreased income*** **22**. Do you have steady/regular source of income? **22a.** (if yes to 22) How much do you receive before taxes monthly? **22b.** (if no to 22) Estimate weekly, monthly, or annual income **23.** AMI Level			

Demographic & Veteran Information (Questions 24 –30c)	***Demographic Information does not impact assessment score*** **STOP form & create an interim update to update demographic and veteran information**		
Assessment Questions	**Household's Original Response(s) Needing Revision** *(indicate the Question # and response)*	**Proposed Updated Response** *(please indicate the Question # and response)*	**Details** *(please indicate new information that would change the response; attach documentation as applicable)*
Health (Questions 31-34) ***Update if the household has become disabled, increased the number of disabilities, or has had a health condition cause housing loss* **31**. Do you have disabling conditions or other health conditions that impact your ability to secure housing? **32**. Do any other household members have disabling conditions or other health conditions that impact your ability to secure housing? **33**. *HHs with Minor Children ONLY* In total, how many health or disabling conditions are present in the entire household that might impact your ability to secure housing? **34**. Has the impact of a health condition ever led you or anyone in your household to lose housing**?**			
Eviction History (Question 35) **35.** In the last five years, how many times have you or anyone in your household been formally evicted? ***report the number of evictions received by the adult in the HH with the highest number of evictions*			

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Documentation Accessibility (Question 36) ***Update if the HH now has issues with documentation*** **36.** Would you or anyone in your household have difficulty accessing any of the following documents?			
Legal Challenges (Questions 37-38) **37.** Have you or anyone in your household ever been arrested or spent time in jail or prison? **38.** (If yes to #37) Has being arrested or spending time in jail ever led you or anyone in your household to lose housing?			
Social Support (Question 39) **39**. Do you feel that there is anyone you can count on to help you when you need it?			
If any other changes need to be made to the assessment that was not captured above, please detail them here.			

Requestor Signature: _____

Date of Assessment Revision Request: _____