

Tier One COVID Response Assessment
(Permanent Supportive Housing)

1. Name of person collecting assessment information?

2. Please Provide Program Contact Information

Name of Organization

(exactly as it was provided to you)

Facility Name *(exactly as it was provided to you)*

Contact Name

Contact Email *(optional)*

Contact Phone Number *(optional)*

3. Are any of the following shared by tenants?

- Kitchens
- Showers
- Bathrooms (sinks, toilets, showers)
- None

If 'yes', please describe the type of shared facilities and the number of shared facilities. ie. Bathrooms are shared with one per floor.

4. Which of the following amenities do tenants have access to in their individual units?

- Stove or other cooking device
- Sink
- Toilet
- Shower
- Comment

5. Do you offer meal service for tenants?

-

Yes

No

Other Comments

6. Do you have unutilized or partially utilized space on site that could be made available to support and isolate symptomatic people who are not currently tenants in your building?

Yes

No

If 'Yes', what does your program need to create a space?

7. How many symptomatic people who are not currently tenants could you support/isolate at your site?

-

8. Does your program have an established cleaning schedule?

Yes

No

Comment

9. How often do you clean the following areas?

Frequency

Community Rooms

High touch surfaces
(counters, door knobs,
desks etc.)

Bathrooms

Kitchens and/or Food
Service Areas

What resources do you need to increase cleaning frequency?

10. Do you have medical capacity on site?

- Yes, part-time nursing staff
- Yes, full-time nursing staff
- Yes, clinic with medical staff
- No

Comment

11. Do you have behavioral health support on site?

- Mental Health
- Substance Use
- Peer Support
- No

Comment

12. Under current operations, is your program able to designate staff to support symptomatic tenants?

Yes

No

Comment

13. What does your program need to be able to designate staff to support symptomatic tenants?

14. Do you currently have information about COVID-19 posted in your program?

Yes

If 'No' provide flyer linked in Q14.

15. Do you currently have sufficient cleaning supplies?

Yes

No

If 'No', what do you need?

16. Do you have sufficient hand hygiene supplies?

Yes

No

N/A

Comment

17. Do you have any other comments or questions about COVID-19 you'd like to share?