Emergency Shelter Self-Assessment

 **Immediate and Low-Barrier Access to Shelter**

1. **The eligibility criteria to enroll in our shelter is low-barrier, and does not exclude people who have criminal histories, a lack of income, or currently use drugs and/or alcohol.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **Shelter participants are not required to participate in services or do chores to stay in shelter.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **We do not permanently ban people for anything other than violence or theft.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **Our shelter is compliant with the HUD Equal Access Rule and is open to all eligible individuals regardless of sexual orientation, gender identity, or marital status.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **Our family shelter space can accommodate different configurations of families, such as allowing a male head of household or teenage son to stay in the same room with the rest of the family.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
* N/A
1. **Our shelter is open 24 hours a day, 7 days a week to provide easy and immediate access for participants any time of the day.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **Our shelter does *not* make people leave every morning at a certain time, stay outside until evening, and line up for their beds every night.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know
1. **We provide training for board, staff, donors, and community members on why a low-barrier model is a more effective way to serve people who are experiencing homelessness in our community.**
* Strongly Agree
* Agree
* Disagree
* Strongly Disagree
* I don't know

**Action Plan for Providing Immediate and Low-Barrier Access to Shelter**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Action Step*What needs to be done?*** | **Responsible Person*Who should take action to complete this step?*** | **Deadline** | **Necessary Resources*What do you need in order to complete this step?*** | **Potential Challenges*Are there any potential challenges? How will you overcome them?*** | **Result*****Was this step successfully completed? Any new steps to take?*** |
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