

Magaca bukaanka: _____

Name

Waxyaabaha ku hor taagan Barriers	Calaamee halmeel haa ama may (Mark one) Yes or No	
Taariikh Guri ka saarid siiba sharci ah sababo lacag bixin la'aan daraadeed History of Eviction	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Danbi Ku dhicid Felony Conviction	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Dakhli hoose Low income	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Deganaan la'aan, si buuxda ushaqeeya Lacks steady, full-time employment	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Iskuul ka hooseeya dugsiga sare ama waxbarashada guud ee dadka waa weeyn. Less than high school or GED education	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Luqada English kaaga oo kooban Limited English proficiency	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Gaari la'aan ama gaadiidka dad waynaha oo aad heli Karin No car and no/inadequate access to public transportation	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Qof caruurta xanaaneeya la'aantii Lack of child care	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Taariikh ama kibrad shaqo la'aan Lack of work history	<input type="checkbox"/> Haa	<input type="checkbox"/> May
In lagu diido caawimaad aad u baahneed Denial that services are needed	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Aqoon la'anta nidaamka caawimaadka Lack of a support system	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Daaweyn la'aanta cudurka maskaxda ama maanka/ daawo qaadasho la'aan Untreated mental illness/not taking meds	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Aqoon la'aanta ilaha dhaqaalaha Not knowing resources	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Aan xaq ulaheen adeega guud ee dadwaynaha Ineligible for Public Programs	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Telefona la'aan No Phone	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Nolashaada oo aan xasilneyn Unstable Living	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Xad gudbid, sida qof loo geysto xadgudub Abuse	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Musiibo/ jahwareer Trauma	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Si khaldan u isticmaalid kiimikada Chemical Abuse	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Curyaannimo xaga koriinka ah Developmental Disability	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Fayras sababa in uu qofka uu ku dhaco AIDS HIV/AIDS	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Cudurka maskaxda ama maanka Mental Illness	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Jir ahaan/ Caafimaad ahaan (uma baahna qalab ama wax caawiya) Physical /Medical (no accessibility features required)	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Jir ahaan ama socodku kooban yahay (wuxuu u baahan yahay qalab ama wax caawiya) Physical /Mobility Limits (accessibility features required)	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Cudur lamaane ah garashadiisa nooca cudurka sida(wadna istaaga) Dual Diagnosis (MI/CD)	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Dhimman Maqalka Hearing Impaired	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Dhimman araga Vision Impaired	<input type="checkbox"/> Haa	<input type="checkbox"/> May
Dhimman qaar ka mid ah hadalada Other (Speech) Impaired	<input type="checkbox"/> Haa	<input type="checkbox"/> May