



Roommate Matching Screener

Participant Name: _____ **Date:** _____

Participant Phone/Email: _____

Case Coordinator: _____

The following roommate matching screener is administered once the individual has demonstrated an interest in having a roommate. The information from this screener needs to be entered into the Homeless Management Information System (HMIS) in your programs appropriate Roommate Matching project. In addition to this form, the individual needs to sign the agreement to participate in roommate matching services.

Staff to complete the following questions with or without the client:

1. Does the person have dedicated rental assistance subsidy and ongoing case management once in housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, what type of subsidy?	<input type="checkbox"/> RRH <input type="checkbox"/> PSH <input type="checkbox"/> HUD VASH

**Staff to complete the following with client. Staff will ask the question:
"What do you want in a roommate?"**

Yes = They want that characteristic
NA = Does not matter to the client

1. Cleans up after themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
2. Quiet by 10 pm?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
3. Likes to talk a lot?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
4. Keeps to themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
5. Does not have or want an animal / pet?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
6. Does not have overnight guests?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
7. Does not smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
8. Does not use marijuana?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
9. Does not use illegal substances?	<input type="checkbox"/> Yes <input type="checkbox"/> NA
10. Does not drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> NA