

HOUSING CRISIS SCREENING

"To help direct you to the most appropriate services I will ask you a few basic questions about your situation. I may ask you to repeat information or slow down so I do not miss any information AND so I can direct you to the best solution for your situation. If you need me to slow down or repeat something please let me know. I will be entering your information into our data system, but I will ask for your consent prior to sharing or referring you to another agency. OK, let's begin."

"Are you in need of shelter, in a housing crisis, or seeking housing assistance in _____ county today?"

What is your county of financial responsibility?

No, end interview and referral to appropriate city/state Yes, continue interview

"What is your first and last name": _____

"Are there additional family members with you that are also in need of shelter?" No Yes

"First & Last Name of 2nd Adult" _____ How many persons under 18? _____

1. *"Are you seeking housing due to concern for your safety, or fear of violence or abuse from another person staying with you? NO YES (If YES, skip to Question 6.)"*

2. *"Where did you stay last night?" (check one)*

<input type="checkbox"/> Outside/Park/Campground	<input type="checkbox"/> Emergency or DV Shelter	<input type="checkbox"/> Own apartment/house/trailer
<input type="checkbox"/> Shed/Garage or building	<input type="checkbox"/> Motel paid by agency	<input type="checkbox"/> With a family member or friend
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Hospital or Treatment Facility	<input type="checkbox"/> Motel paid by self, family, friend
	<input type="checkbox"/> Jail, Prison or Detention	<input type="checkbox"/> Other: _____
<i>Skip to Question 6</i>	<i>Skip to Question 3</i>	<i>Continue with screening</i>

3. *"How long are you able to stay at your current housing situation?"*

<input type="checkbox"/> I can no longer stay there	<input type="checkbox"/> 2-7 days	<input type="checkbox"/> Indefinite/Unknown
<i>If checked, go to question #5.</i>	<input type="checkbox"/> 1-3 weeks	<input type="checkbox"/> Other
<i>If checked, go to next question (#4).</i>		

4. *"What are the reasons you need to leave your current housing situation?"*

<input type="checkbox"/> Late Rent	<input type="checkbox"/> Utility shut-off	<i>If checked, refer to appropriate mainstream or prevention resources to divert from entry to homeless system.</i>
<input type="checkbox"/> 3 day notice to evict	<input type="checkbox"/> Problems with landlord	
<input type="checkbox"/> Court eviction/foreclosure	<input type="checkbox"/> Overcrowded (staying w/ someone & asked to leave).	
<input type="checkbox"/> Other:		

5. *"Is there anyone else you could stay with for the next 3-7 days if you were able to receive other supports (i.e. case management, transportation assistance, Tribal assistance, food basket, limited financial support, etc.)?"*

<input type="checkbox"/> NO	<input type="checkbox"/> YES
<i>If NO, refer question 6</i>	Other housing options including your own home elsewhere: What resources would you need to stay there?

6. EMERGENCY SHELTER SCREEN ONLY:

DV: *"Given that you are concerned for your safety, I would like to make a referral to _____ who **may** be able to provide you an immediate but temporary safe place to stay. They can also help you access other resources.*

NON-DV: *"Based on the information you provided, you may be eligible for emergency shelter services. However, I first need to assess whether you are eligible for emergency shelter or voucher services.*

Do you give me permission to share your household data in order to make a referral for safe shelter? Yes No

If YES, "Prior to making the referral I will need some additional household information"

What is the first name of all household members seeking shelter?	Gender?	What are the ages of all members?	Are you a US Veteran?	Does anyone in your family have a verifiable disability?	Have you been homeless 4 x in the past 3 years or for 1 year or longer?
HH:			Yes No	Yes No	Yes No
2 nd Adult:			Yes No	Yes No	Yes No
# of Dependents:				Yes No	