

# Housing Crisis Screening

## Step One Central Coordinated Entry Process

Date of Assessment			
Name		Organization	
Title		Phone	(     )     -
Email			

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 today?  YES  NO

- If yes, what county are you residing in?
- If not in Central CoC end the interview

What is your first and last name: \_\_\_\_\_

**1) Are you seeking housing due to concern for your safety, or fear of violence or abuse from another person staying with you?**

<input type="checkbox"/> YES	If checked-Go to Step 2-the Common Assessment Tool (Provide local DV shelter information)
<input type="checkbox"/> NO	If checked, continue to the next question using this assessment

*Given that you are concerned for your safety, here is the information to (local shelter) who may be able to provide you an immediate but temporary safe place to stay. (Local shelter) can also help you access other resources.*

**2) Did you serve in the Military, Active Duty, or in the National Guard or Reserves?**

<input type="checkbox"/> YES	If checked-Refer them to LinkVet at 1-888-LinkVet (546-5838) and end interview
<input type="checkbox"/> NO	If checked, continue to the next question using this assessment

**3) Where did you stay last night?**

<input type="checkbox"/> Outside/Park/Campground	<b>If any of these boxes are checked- Go to Step 2, the Common Assessment Tool.</b>
<input type="checkbox"/> Shed/Garage/Building	
<input type="checkbox"/> Vehicle	
<input type="checkbox"/> Emergency or DV Shelter	
<input type="checkbox"/> Motel Paid by an Agency (not self-pay)	
<input type="checkbox"/> Hospital/Treatment Facility	
<input type="checkbox"/> Jail, Prison or Detention	
<input type="checkbox"/> Place Not Meant for Habitation	
<input type="checkbox"/> Other:	

<input type="checkbox"/> Own Apartment/Home/Trailer	<b>If any of these boxes are checked, continue to the next question using this assessment.</b>
<input type="checkbox"/> With A Family Member/Friend	
<input type="checkbox"/> Motel Paid by Self, Family, Friend	
<input type="checkbox"/> Other:	

**4) How long are you able to stay at your current housing situation?**

I can no longer stay at my current location-Go to Step 2, the Common Assessment Tool

2-7 Days

1-3 Weeks

Indefinite/Unknown

Other:

Continue to the next question using this assessment.

**5) What are the reasons you need to leave your current housing situation?**

Late Rent

Landlord Problems

Notice to Evict

Overcrowded (Couch Hopping)

Court Eviction/Foreclosure

Other:

Utility Shut-Off

Complete the  
Diversion/Prevention/Problem  
Solving Worksheet

**6) “Is there anyone else you could stay with for the next 3-7 days if you were able to receive other supports (case management, transportation, food or limited financial support, etc.)?”**


## Diversion/Prevention/Problem Solving Worksheet

Do you think that you/you and your family could stay safe temporarily if we provide you with some help or referrals to find permanent housing or connect with other services?

If no, why not?


What would it take to be able to stay there temporarily?

If no, is there somewhere else where you/your family could stay temporarily if we provide you with some help or referrals to find a permanent housing and access to other supports?

- What about other family members?
- Friends?
- Co-workers?

What is making it hard for you to find permanent housing for you/your family, or connecting to other resources that could help you do that?

- Do you or anyone in your family have special needs/medical conditions?
- Do you owe money for rent or utilities?
- Are you new to area?

What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?

- Are you getting any help from either family members or friends?
- Do you have income?
- What are your income sources?
- Are you involved with any other services right now?

*Please see "9 Steps to Diversion" located on Central MN Housing Partnership's Website for further information.*