**Housing Crisis Screening Tool**

**Step One Central Coordinated Entry Process**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assessor Name:

Organization:

Household Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Email:

Household Phone Number:

*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

1. **Where are you currently living?**

|  |  |
| --- | --- |
| Outside/Park/Campground | **If any of these boxes are checked- Go to Step 2, the Common Assessment Tool.** |
| Shed/Garage/Building |
| Vehicle |
| Emergency or DV Shelter |
| Motel Paid by an Agency (not self-pay) |
| Place Not Meant for Habitation |
| Other: |

|  |
| --- |
| Couch Hopping (Staying with a friend/family member) - go to the next question to determine if household is Long-Term Homeless ***(If you are staying in the same place for more than one year, you are not doubled-up or homeless)*** |

1. **Are you disabled?**

|  |
| --- |
| Yes-go to the next question to determine if household is Chronically Homeless |
| No- go to the next question to determine if household is Long-Term Homeless |

1. **Have you been homeless for 12 months consecutively?**

|  |
| --- |
| Yes –household is Long-Term Homeless and if disabled, household is Chronic Homeless***-go to Step 2, the Common Assessment Tool*** |
| No-go to the next question |

1. **Have you been homeless four times in the past three years?**

|  |
| --- |
| Yes –household is Long-Term Homeless and if disabled, household is Chronic Homeless***-go to Step 2, the Common Assessment Tool*** |
| No- the household should ***NOT*** be assessed and should ***NOT*** be placed on the Priority List |