

HOUSING CRISIS SCREENING - CARES

"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?"

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"/>		<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
<input type="checkbox"/>	If checked, go to question #5.	<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, food basket, limited financial support, etc.)?"*

<input type="checkbox"/>	NO	<input type="checkbox"/>	YES
<input type="checkbox"/>	If NO, refer question 6	Other housing options:	
		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 will 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	

NON-DV SITE BASED SHELTER ONLY:

a. *"Are you restricted from staying any shelters due to a past stay?" NO Yes*

b. *"Is any member of your household a registered Sex offender?" NO Yes*

c. *"Do you have a pet with you?" NO Yes If yes, do you have a plan for your pet if accepted into shelter?*

d. *"Does any member of your household have a compromised immune system (i.e. cancer, HIV, AIDS, Hepatitis's, etc.) NO Yes*

e. *"The possession or use of alcohol or drugs is not allowed by most shelters. If I referred you to shelter right now would you be able to pass a breathalyzer? YES NO*