**Gladden Homeless Prevention**

**Screening/Referral Tool**

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| --- | --- |
| CSP#: |  |

### SCREENING DATE (e.g., 10/01/2015)

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### APPLICANT HEAD OF HOUSEHOLD

|  |  |  |
| --- | --- | --- |
| **First Name** | **Last Name** | |
|  | |  |

### Address Phone

|  |  |
| --- | --- |
|  |  |

### Are you or any of your household members a veteran? Yes \_\_\_ No \_\_\_

### HoH Date of Birth (e.g., 06/14/1992) Age

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name** | **Last Name** | |  | **Age** |
|  | |  | | | |  |  |
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**TOTAL HOUSEHOLD MONTHLY INCOME (from all sources):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMI%: \_\_\_\_\_\_\_\_\_\_\_\_

Earned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI \_\_\_\_\_\_\_\_\_\_ SSDI \_\_\_\_\_\_\_\_\_\_ TANF \_\_\_\_\_\_\_\_\_\_ UE \_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CURRENT HOUSING SITUATION & RISK FOR LITERAL HOMELESSNESS** | | |
| *Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there’s somewhere else you normally stay, can you tell me about that place?*  **Identify the primary place where family is staying (check only one):**   * Hotel or motel paid for without emergency shelter voucher * Staying or living in a family member’s room, apartment or house * Staying or living in a friend’s room, apartment or house   Any landlord leads? LL name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Rental by client, no ongoing housing subsidy * Rental by client, with HUD VASH subsidy * Rental by client, with other ongoing housing subsidy   Past Due Amount Owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Lease term (year, mo. to mo.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When does lease end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LL name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Permanent housing for formerly homeless persons (e.g., CoC Program funded unit) * Owned by client, no ongoing housing subsidy * Owned by client, with ongoing housing subsidy * Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| *Do you have to leave this place (or the place you normally stay)?* | YES   NO   N/A |
| *If yes, what’s causing you to have to leave? How long can you continue to stay there?*  **Identify why the family must leave the primary place they are staying (check only one):**   * Court-ordered eviction notice to vacate rental unit * Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit) * Written or verbal notice from family, friend or host to leave doubled-up housing * Insufficient resources to continue to pay for hotel or motel * Other (describe):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **By what date must the applicant leave the primary place they are staying: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Risk for Literal Homelessness and Reason for Referral:**  *(Summarize relevant information related to imminent housing loss and reason family is at risk of literal homelessness, including the absence of other safe, appropriate housing alternatives and resources to prevent literal homelessness. Also include brief summary of relevant current and historical housing stability, employment history, financial hardship, and any other contributing or relevant factors such as substance abuse, domestic violence, etc.)*  Are you past due with electric? Yes \_\_\_ No \_\_\_. If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you past due with gas? Yes \_\_\_ No \_\_\_. If yes, how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Were you on PIP? Yes \_\_\_ No \_\_\_. When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Gladden Staff Responsible for Screening/Referral** |  |
| Name: |  |
| Signature: |  |
| Date: |  |