

## Housing Assistance Screening Tool

### SINGLE ADULTS

#### PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
<b>PRE-SCREENING</b>	
Did client exit from emergency shelter within the last 7 days? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client a Veteran? <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused <i>*If YES – STOP and COMPLETE PART 3.</i>	
Is client currently enrolled with a Rapid Re-Housing (RRH) provider? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – STOP and COMPLETE PART 3.</i>	
Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – COMPLETE PART 2. Contact YMCA RRH case manager/director assigned to your shelter OR provider assisting client with USHS.</i>	
Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*If YES – COMPLETE PART 2. Contact street outreach program with the client.</i>	
Is the client currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client Doesn't Know/Refused	
Total household monthly income:	\$ _____
Number of minor children in the household: _____	
How many shelter entries in the past 3 years: _____	
<b><u>Best way to contact client:</u></b>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<b><u>Screener Information:</u></b>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____

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### PART 2: CLIENT INTERVIEW

**Screener Script:**

*"The following are a set of questions we ask everyone to better understand your housing needs and support you in obtaining safe and stable housing. Your responses will help us identify which re-housing services you may qualify for. We'll help you access any available assistance, but resources are very limited, and we ask that you continue to seek any other assistance and options available to you. Only shelter and rehousing staff will have access to your responses. Any response you provide is acceptable. You have the right to answer or refuse the questions below."*

- |  |   |
|--|---|
| 1) Do you want to continue?  | _____ Yes _____ No*   |
| <i>*If NO, STOP. Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</i>                     |   |
| 2) Do you have a serious health condition that prevents you from holding a job or living in stable housing (i.e., it is "severe and persistent" and "disabling"?)? | _____ Yes _____ No<br>_____ Client doesn't know/refused         |
| 3) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?  | _____ Yes _____ No<br>_____ Client doesn't know/refused         |
| a) If Yes, did this occur within the last 3 months?  | _____ Yes _____ No<br>_____ Client doesn't know/refused         |
| 4) Have you ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?                                    | _____ # of Felony Records<br>_____ Client doesn't know/refused  |
| 5) Do you have any prior evictions and, if so, how many times have you been evicted?   | _____ # of Prior Evictions<br>_____ Client doesn't know/refused |
| 6) Do you or another adult who will be living with you owe money to one or more prior landlords?   | \$ _____ Total amount owed                                      |
| 7) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?  | \$ _____ Total amount owed                                      |
| 8) What is the minimum number of bedrooms you need for you and anyone else who may live with you?  | _____ # Bedrooms  |
| 9) Do you have any pets or service animals?  | _____ Yes _____ No<br>_____ Client doesn't know/refused         |

**QUESTIONS 10-15 ARE FOR UNACCOMPANIED YOUTH AGE 18-24 ONLY.**

*If client is 25 or older, STOP and COMPLETE PART 3.*

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|--|---|
| 10) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice? | _____ Yes _____ No<br>_____ Client doesn't know/refused |
| 11) Do you identify as LGBTQIA+?   | _____ Yes _____ No<br>_____ Client doesn't know/refused |

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12) Have you ever lost stable housing because? *(check all that apply)*

- Differences in religious or cultural beliefs
- Conflicts around gender identity or sexual orientation
- Violence in the home
- Unhealthy or Abusive Relationship

Total: \_\_\_\_\_

13) Since becoming homeless, have you been exploited, attacked, beaten up or robbed?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

*Client may need additional explanation such as: "Exploited means tricked or forced to do things you don't want to do."*

14) Do you have a GED or High School Diploma?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

15) Would you be interested in services that help young people learn the Life Skills needed to transition to adulthood successfully?

\_\_\_\_\_ Yes\* \_\_\_\_\_ No

\_\_\_\_\_ Client doesn't know/refused

*\*If YES state to the client: "This will be taken into consideration IE youth-specific programs have openings"*

## PART 3: NEXT STEP HOUSING ASSISTANCE

Select the next step housing assistance offered to client based on above. Provide client with next step information and assistance. See HAST Guide for additional information and guidance.

\_\_\_ Client exited from emergency shelter within the last 7 days. Review case with supervisor.

\_\_\_ Client is a Veteran. Contact Veteran Coordinated Entry Specialist or Responsible Provider listed in CSP with the Veteran.

### NON-VETERANS ONLY:

\_\_\_ Client is currently enrolled with a RRH provider. Contact YMCA RRH case manager/director assigned to your shelter.

\_\_\_ Client is not currently enrolled with a RRH. Refer client to YMCA RRH program.

**Client may be waitlisted for RRH, based on prioritization and capacity. To support immediate re-housing goal setting and progress toward re-housing goals, the client will be assisted with their IHSP by the following staff:**

Staff member name: \_\_\_\_\_

**Notes:** Include helpful re-housing related notes such as existing providers (e.g., Mary Smith w/ FCCS 614-555-1212) and additional housing barriers not otherwise specified above.

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