**Columbus/Franklin County Homeless Crisis Response System**

**Housing Assistance Screening Tool:**

**FAMILIES**

**PART 1: CLIENT INFORMATION**

For Screener Use Only (please utilize information already collected for intake/CSP):

<table>
<thead>
<tr>
<th>CSP#</th>
<th>First Name, Last Name</th>
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**PRE-SCREENING**

Did client exit from emergency shelter within the last 7 days? ___Yes* ___ No

*If YES – STOP and COMPLETE PART 3.

Is client a Veteran? ___Yes* ___ No ___ Client Doesn’t Know/Refused

*If YES – STOP and COMPLETE PART 3.

Is client currently enrolled with a Rapid Re-Housing (RRH) provider? ___Yes* ___ No

*If YES – STOP and COMPLETE PART 3.

Has client been invited to submit a Severe Service Needs Assessment or to apply for USHS? ___Yes* ___ No

*If YES – COMPLETE PART 2. Contact provider assisting client with USHS.

Is the client currently enrolled with a street outreach provider (e.g., Maryhaven, Southeast PATH Program)? ___Yes* ___ No

*If YES – COMPLETE PART 2. Contact street outreach program with the client.

Is the client or a household member currently pregnant? ___Yes ___ No

Is the client or a household member currently pregnant? ___ 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: ________

**Best way to contact client:**

Client’s Email Address

Client Phone

Emergency Contact Name

Emergency Contact Phone/Email Address

**Screener Information:**

Staff Name: __________________________ Date: __________________________

Email Address

Agency/Program
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*  
*If NO STOP. Remind client; Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.

2) How many adults in the household have a serious health condition that prevents them from holding a job or living in stable housing (i.e., it is “severe and persistent” and “disabling”)?  
____ # of adults with a serious health condition  
____ Client doesn’t know/refused

3) How many children with you have a serious health condition?  
____ # of children with a serious health condition  
____ Client doesn’t know/refused

4) In the past 6 months have you been a victim of abuse by a spouse, intimate partner, family member, child, or cohabitant?  
____ Yes  ____ No  
____ Client doesn’t know/refused

   a) If Yes, did this occur within the last 3 months?  
____ Yes  ____ No  
____ Client doesn’t know/refused

5) Among all adults in the household, have any ever been charged with a felony and, if so, how many felony arrests or convictions might appear on a public record?  
____ # of Felony Records  
____ Client doesn’t know/refused

6) Among all adults in the household, have any been previously evicted and, if so, how many times have you and other adults been evicted?  
____ # of Prior Evictions  
____ Client doesn’t know/refused

7) Do you or another adult in the household owe money to one or more prior landlords?  
$__________ Total amount owed

8) Do you or another adult who will be living with you owe money on any utilities (gas, electric, water)?  
$__________ Total amount owed

9) What is the minimum number of bedrooms you need for you and your family?  
______ # Bedrooms

10) Do you have any pets or service animals?  
____ Yes  ____ No  
____ Client doesn’t know/refused

11) Are you interested in job training or employment support services?  
____ Yes  ____ No  
____ Client doesn’t know/refused

12) How many jobs has the HoH held in the past 2 years?  
____ # of Prior Jobs  
____ Client doesn’t know/refused

13) In the past 2 years, what is the longest period of employment?  
____ Months  
____ Years
Questions 18-23 are for parenting youth age 18-24 only.

If any member of the household is 25 or older, STOP and complete Part 3.

14) As a child or teen did you have any involvement with Child Protective Services (e.g., FCCS) or Juvenile Justice?
   - Yes
   - No
   - Client doesn’t know/refused

15) Do you identify as LGBTQIA+?
   - Yes
   - No
   - Client doesn’t know/refused

16) 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:

17) 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.”

18) Do you have a GED or High School Diploma?
   - Yes
   - No
   - Client doesn’t know/refused

19) 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 if 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 Direct Housing/RRH provider.
- Client is not currently enrolled with a RRH. Refer client to Direct Housing/RRH.

   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.