

### 3A\_Linkages Screening Form (Secondary Assessment)

**Purpose:**

To connect to supports; to determine linkages in other systems and reconnect with services they have already been receiving; to begin to identify if clients are short-term stayers (those that might be appropriate for Front Door/Short Stay Navigator Program).

**To Be Completed By:**

Van Buren **Front Door** and **Navigator in Tier 2** Shelter. (Form to be uploaded to CSP within 4 calendar days of shelter entry.)

If the client/resident has an existing Navigator in place, the Linkages Screening Form has been completed previously and is uploaded in CSP, copies are in the navigator files and there has not been any break in services with the Navigator Program for 3 months this form does not need to be completed again at next shelter entry. If the client/resident has been closed by the Navigator Program and is going to be re-opened this form does need to be completed again.

**When Completed:**

Day 2 or 3 of Shelter Stay

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Client/Resident Name: \_\_\_\_\_

CSP #: \_\_\_\_\_

Current Shelter: \_\_\_\_\_

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

Time: \_\_\_\_\_

Staff Completing this form please print out the Shelter Welcome Form from CSP before meeting with the client/resident.

Hi my name is \_\_\_\_\_.

1. Do you have anyone you are willing to call to see if you can go stay with them tonight (a relative, friend, or maybe someone from a faith-based group or a recovery community if you belong to one)?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

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2. The goal is for all shelter participants is to obtain housing within 30 days. Are you willing to actively work with both shelter and navigator staff to resolve your housing crisis as quickly as possible?

- ☐ Yes  
☐ No  
☐ Don't Know  
☐ Refused

3. Who else in your life can we work with to help us find a solution to your housing crisis (a case manager, a relative, friend, or maybe someone from a faith-based group or a recovery community if you belong to one).

\_\_\_\_\_

Are you willing to sign a release of information?

- ☐ Yes  
☐ No

4. So I make sure I have the correct information, please tell me the last place you lived. \_\_\_\_\_

5. Would you be open to sharing with me what happened that you become homeless?

- a. Listen to story and document primary and secondary reason for their homelessness.

\_\_\_\_\_

6. What do you need assistance with to get housed?

(Use as a way to engage)

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- 
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#### 7. Verify Emergency contact information

- a. Name \_\_\_\_\_
- b. Phone Number \_\_\_\_\_
- c. Relationship \_\_\_\_\_
- d. Last Date of Contact \_\_\_\_\_
- e. Do you consider this person to be a support person for you?
  - ☐ Yes
  - ☐ No
  - ☐ Don't Know
  - ☐ Refused

If yes, are you willing to sign a release of information form so I can contact them? I would like to see if they can help us help resolve your housing crisis?

- ☐ Yes
- ☐ No

#### 8. Who is your primary physician or any other treating physician/provider?

\_\_\_\_\_

Would you be willing to sign a release of information?

\_\_\_\_\_

#### 9. Verify pregnancy status? (Verify that Yes or no has been entered into CSP)

- ☐ Yes self-reported
- ☐ Yes verified by medical report
- ☐ No
- ☐ N/A
- ☐ Unknown

If yes, what is your expected due date?

\_\_\_\_\_

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#### 10. Guardianship

a. Do you have a legal guardian?

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

If yes:

Date of last contact \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

#### 11. Do you have any or all of the following forms of identification with you?

a. Birth Certificate

- ☐ Yes
- ☐ No
- ☐ No, but have already applied for it. Date: \_\_\_\_\_
- ☐ Don't Know
- ☐ Refused

b. Social Security Card

- ☐ Yes
- ☐ No
- ☐ No, but have already applied for it. Date: \_\_\_\_\_
- ☐ Don't Know
- ☐ Refused

c. State ID or Driver's License

- ☐ Yes
- ☐ No
- ☐ No, but have already applied for it. Date: \_\_\_\_\_
- ☐ Don't Know
- ☐ Refused

*If no to any of the above connect them to appropriate agency to obtain.*

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**12. Have you ever been diagnosed with a disabling condition?** (Navigator Program

Only: Complete this question and enter in CSP the HUD required elements)

- ☐ HIV/AIDS
- ☐ Mental Health Problem (name the mental health condition)
- ☐ Substance Abuse
- ☐ Physical Disability
- ☐ Developmental Disability
- ☐ Chronic Health Condition
- ☐ Domestic Violence
- ☐ Don't Know
- ☐ Refused

**If yes,**

**13. Are you currently receiving services from one of the following community mental health treatment providers:**

- ☐ Access Ohio
- ☐ Amethyst, Inc.
- ☐ ARC of Ohio
- ☐ Columbus Area Integrated Health Services (CAIHS)
- ☐ Concord Counseling Services
- ☐ Huckleberry House
- ☐ Nationwide Children's Hospital Behavioral Health Services
- ☐ North Central Mental Health (NCMH)
- ☐ OSU Star House
- ☐ Southeast, Inc.
- ☐ Syntero at Dublin Counseling Center
- ☐ Syntero at Northwest Counseling Services
- ☐ TBI Network
- ☐ Other: \_\_\_\_\_
- ☐ Not currently linked/Does not know/Refused
- ☐ Not Currently Linked, but in Need of MH Services.
- ☐ Not Currently Linked and not in Need of MH Services.

**14. Is there anyone who has worked with you or treated you for any of these conditions?**

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a. *If yes, ask for name and if they would like to be reconnected or need to be reconnected at this time.* \_\_\_\_\_

b. *If no, ask them if they would like to/need to be connected at this time.* \_\_\_\_\_

**15.** Are you currently enrolled at the Columbus VA?

(This is an additional question for those already identified as Veterans.)

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

If yes:

a. Have you ever been enrolled at a VA Medical Center or Hospital?

(This is an additional question for those already identified as Veterans.)

- ☐ Yes
- ☐ No
- ☐ Don't Know
- ☐ Refused

If yes, which one(s)? \_\_\_\_\_

b. Which Branch of the Military did you serve? (Enter in CSP data field.)

- ☐ Army
- ☐ Marines
- ☐ Navy
- ☐ Air Force
- ☐ Coast Guard
- ☐ Reserves or National Guard (Not eligible for most VA services and won't be found in CSP.)

c. Which years did you serve? (Enter in CSP data field.)

(Suggest start and end years) \_\_\_\_\_

d. Would you be interested in housing resources for Veterans?

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(Enter in CSP data field.)

- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

e. Will you sign a release of information for me to contact the VA?

- ☐ Yes
- ☐ No
- ☐ Refused

**16. I would like to verify with you the sources and amounts of income you reported when you called CPOA to access shelter.**

(Enter in CSP the HUD required elements)

Yes/No	Source of Income	Amount of Monthly Income
_____	Earned Income (Currently Working)	_____
_____	Unemployment Insurance	_____
_____	Supplemental Security Income (SSI)	_____
_____	Social Security Disability Income (SSDI)	_____
_____	Veteran's Service Connected Disability Compensation	_____
_____	Veteran's Non-Service Connected Disability Compensation	_____
Yes/No	Source of Income	Amount of Monthly Income
_____	Private disability Insurance	_____
_____	Worker's Compensation	_____
_____	Temporary Assistance for Needy Families (TANF)	_____
_____	General Assistance	_____
_____	Retirement Income from Social Security	_____
_____	Veteran's pension	_____
_____	Pension from a former job	_____
_____	Child Support	_____
_____	Alimony or other spousal Support	_____
_____	Other Source	_____

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a. If yes, how much do you have access to today?

\_\_\_\_\_

b. If yes, what is the source of your income?

\_\_\_\_\_

c. If yes, when do you expect to get your next (pay) check?

\_\_\_\_\_

d. If yes, would you be willing to talk with someone today about alternatives to staying in shelter tonight.

\_\_\_\_\_

**17. Are you presently employed?** (Enter in CSP the HUD required elements)

☐ Yes

☐ No

☐ Don't Know

☐ Refused

a. If yes, where?

\_\_\_\_\_

If no, what kind of employment/work interests you? (*This could be an opportunity to connect them with employment assistance.*)

\_\_\_\_\_

**18. I would like to verify with you the receipt and amount of any of the following benefits you reported when you called CPOA to access shelter. (Check all that apply.)**

Yes	Source of Non-Cash Assistance	Monthly Amount
_____	Supplemental Nutrition Assistance Program (SNAP)	_____
_____	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	_____
_____	TANF Child Care services	_____
_____	TANF transportation services	_____
_____	Other TANF-funded services	_____
_____	Section 8, public housing or other ongoing rental	_____



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	assistance	
_____	Other	_____
_____	Temporary Financial Assistance	_____

If no, would you be willing to explore additional income supports?

- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

(Benefit Bank or referral to YWCA Benefits Partnership can be made.)

**The final series of questions I have are specific to your future housing opportunities**

**19. Have you ever been evicted from someplace where your name was on a lease?**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

**20. Have you ever been evicted from someplace where your name was on a lease?**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

**21. Is there a significant other/partner that will be a part of your housing plans?**

- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

**22. Are you willing to consider living with a roommate?**

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- ☐ Yes
- ☐ No
- ☐ Don't Know/Unsure
- ☐ Refused

**Referrals to be made: (Release of Information will need to be signed for all checked)**

**Please return to the Referrals Made by the Navigator Program in CSP and confirm the enrollment date once linked with/open by the provider.**

- ☐ Navigator Program, if in Front Door
- ☐ Veterans Administration
- ☐ Ongoing Community Mental Health Services
  - ☐ Access Ohio
  - ☐ Amethyst, Inc.
  - ☐ ARC of Ohio
  - ☐ Columbus Area Integrated Health Services (CAIHS)
  - ☐ Concord Counseling Services
  - ☐ Huckleberry House
  - ☐ Nationwide Children's Hospital Behavioral Health Services
  - ☐ North Central Mental Health (NCMH)
  - ☐ OSU Star House
  - ☐ Southeast, Inc.
  - ☐ Southeast, Inc. E-HITS (ADAMH)
  - ☐ Southeast, Inc. HOST (ADAMH)
  - ☐ Syntero at Dublin Counseling Center
  - ☐ Syntero at Northwest Counseling Services
  - ☐ TBI Network
  - ☐ Other: \_\_\_\_\_
  - ☐ Appears to need MH Services but refuses MH referral.
- ☐ Other: \_\_\_\_\_
- ☐ None Identified

**Name of Staff Completing the Form: \_\_\_\_\_**

**YMCA Front Door and Navigator Staff should now complete the**

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#### **Vulnerability Assessment**

**Use the information on this linkages form to prepopulate the Vulnerability Assessment as to not duplicate questions.**

You may say, "I just want to verify that I heard you correctly when I asked this question before..." in order to ask a clarifying question on the Vulnerability Assessment.