

Housing Assistance Screening Tool: FAMILIES

PART 1: CLIENT INFORMATION

<i>For Screener Use Only (please utilize information already collected for intake/CSP):</i>	
CSP# _____	First Name, Last Name _____
PRE-SCREENING	
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 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 or a household member 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: _____	
<u>Best way to contact client:</u>	
Client's Email Address _____	Client Phone _____
Emergency Contact Name _____	Emergency Contact Phone/Email Address _____
<u>Screener Information:</u>	
Staff Name: _____	Date: _____
Email Address _____	Agency/Program _____

Housing Assistance Screening Tool: FAMILIES

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* |
| <small>*If NO, STOP. Remind client: Shelter residents must continue to actively seek safe, alternative housing to remain eligible for shelter.</small> | |
| 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) Have you ever experienced domestic violence, dating violence, sexual assault or stalking and are you experiencing homelessness as a result of this experience? | _____ 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 |

Columbus/Franklin County Homeless Crisis Response System
Housing Assistance Screening Tool:
FAMILIES

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.
