

Screener Instructions: Please read the following to the client

My name is (insert screener's name) and I work for (insert name of your agency) and we are going to start looking at what your needs are for housing by completing a Step 1 screening tool. The following questions will help to decide what resources may best fit your needs. The information you provide is private and will not be shared unless you say it is ok or unless the law requires that we share this information. If you do not want to provide the information we may not be able to help you.

- Completion of any screening does not guarantee housing and I strongly encourage you to keep looking for housing on your own.
- This process is the beginning step to look at what type of resources within the suburban metro counties (Anoka, Scott, Carver, Dakota, and Washington) might help you find and stay in housing. If you are interested in living in one of those counties this is the right place for you. If you are not interested in living in one of those counties, I can send you to the right place to get started.
- If at any time during this screening you are unhappy with the service or you feel you were treated differently you have the right to let us know. You can submit a grievance in writing. The grievance will be looked at by a team working with the Coordinated Entry process.
- Do you have any questions before we begin?
- Are you willing to continue and complete the screening at this time?

☐ No, ☐ Yes

Screener: please print or type
Access Point: _____ **Screening Date:** _____

Screener Information:

Name: _____ Phone: _____

Title: _____ Email: _____

Client Information:

Name: _____ Phone: _____

(LAST / First / Middle)

DOB: _____ Gender: _____ Email: _____

Household Information:

Household size: _____

of Adults (18+): _____

of Children (17 and under): _____

Household Type: ☐ Family, ☐ Single, ☐ Youth

Gender of Children: _____

Ages of Children: _____

If you share custody of any children, please list names, ages and genders:

Name: _____ Age: _____ Gender: _____

Race: ☐ Asian ☐ White ☐ Black or African American

☐ Don't Know ☐ Pacific Islander or Hawaiian ☐ American Indian or Native American

☐ Refused ☐ Other (please list): _____

Ethnicity: ☐ Don't Know ☐ Hispanic or Latino

☐ Refused ☐ Non-Hispanic or Non-Latino

Are you Native American? ☐ No, ☐ Yes

If yes, which Tribe are you affiliated with?

Veteran: Did you serve on Active Duty, or in the National Guard or Reserves?

- ☐ No
- ☐ Yes (Provide them with local county Veterans Service Officer information / continue with the screening.)

Domestic Violence: Is anyone currently trying to harm you, control your daily activities, or force you to do things you do not want to do?

- ☐ No
- ☐ Yes **Screeners:** •Provide the referral card with Day One and metro domestic violence shelter info.
•The client can choose if they would like to continue with the screening OR the screening can be put on hold until they are in a safe place.

Client Question: “During the last seven (7) days where have you been sleeping?”

Screeners: Using the client’s answers from the previous question (above) please check all the relevant boxes below that best reflect the client’s answers. **Do not read each option to client**

HUD Homeless Definition: (Literally homeless)

- ☐ In a place not meant for human habitation (e.g. a vehicle, an abandoned building, bus/train/subway station, airport or anywhere outside)
- ☐ Fleeing or attempting to flee domestic violence, sexual assault, dating violence or stalking
- ☐ In a shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Jail / prison or juvenile detention facility and HUD homeless prior to entry
- ☐ Foster care or foster care group home and HUD homeless prior to entry
- ☐ Hospital or other residential non-psychiatric medical facility and HUD homeless prior to entry
- ☐ Psychiatric hospital or other psychiatric facility and HUD homeless prior to entry
- ☐ Substance abuse treatment facility or detox center and HUD homeless prior to entry

Long Term Homeless: If head of household is ages 16-24 skip this section and move to Youth box below

- ☐ Hotel or motel self-pay, need to be out in 5 days
If report self-paying for a hotel/motel stay ask the following questions:
 Where were you prior to entering the hotel/motel? ☐ Own home/apartment ☐ Homeless/Couch Hopping
 Has anyone else ever paid for your current stay in the hotel/motel? ☐ Yes, ☐ No
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying with someone who is not a friend or family member

Length of Stay:

Was the client continuously homeless for at least one year? ☐ Yes, ☐ No

Number of times the client has been homeless in the past three years

☐ 1, ☐ 2, ☐ 3, ☐ 4 or more

Youth Homeless: Complete this box if head of household is ages 16-24

- ☐ 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
- ☐ Staying with someone who is not a friend or family member.

Length of Stay: Can the youth stay safely and stably in their current living situation 30 days or more?

- ☐ No
- ☐ Yes

Youth only cont.- Safe Harbor: Have you ever traded sex or sexual acts (i.e. oral sex, etc.) for money, drugs, a place to stay or anything else of value?

- ☐ No
- ☐ Yes (Referral should be made to Safe Harbor Regional Navigator. Assessment can continue or be put on hold until they are in a safe place.)

Prevention:

- ☐ In a home or apartment where client is on the lease and is at imminent risk of eviction
- ☐ In a home owned by client and is at imminent risk of eviction

Homeless Category: This housing summary indicates that the client:

Could be eligible for prevention resources*: ☐ No, ☐ Yes

Is HUD Homeless**: ☐ No, ☐ Yes

Is Long Term Homeless***: ☐ No, ☐ Yes

Is a Youth experiencing homelessness****: ☐ No, ☐ Yes

* **Prevention:** Currently living in own home or apartment but is in imminent risk of eviction

** **HUD Homeless:** Currently "literally homeless"

*** **Long Term Homeless:** "Literally homeless" **or** couch hopping for one year continuously or 4 times in 3 years.

**** **Youth Homeless:** "Literally homeless" **or** couch hopping and can stay in current living situation 30 days or less.

Outcome:

☐ CES Step 2 Housing Assessment **and Housed**

☐ CES Step 2 Housing Assessment **and Shelter**

☐ CES Step 2 Housing Assessment **and No Shelter**

☐ Referral to prevention resources

☐ Other (specify): _____

☐ Referral to mainstream resources: **Housing crisis identified but did not meet a homeless definition and not eligible for prevention resources**

☐ Referral to mainstream resources: **No housing crisis identified**

Documents Needed:

☐ Release of Information: HMIS

☐ _____

☐ Other Release of Information

☐ _____