SMAC STEP 1 CHEAT SHEET

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| **WHO TO ASSESS WITH A STEP 1:** | |
| All households experiencing a housing crisis will complete a Step 1 assessment. A housing crisis is defined as follows: | |
|  | Experiencing HUD homelessness or Long Term Homelessness as defined by MN Housing. (defined on Step 1 and below) |
|  | Eviction within 2 weeks from a private dwelling - including housing provided by family or friends. (Will need to *leave housing* in 2 weeks, not just knowing they will get an eviction notice in 2 weeks); **or** |
|  | Youth who cannot safely and stably stay in their current living situation 30 days or more |
|  | Discharge to homelessness within 2 weeks from an institution (including prisons, mental health institutions, and hospitals); **or** |
|  | Residency in housing that has been, or is scheduled to be condemned by housing officials and is no longer safe for human habitation; **or** |
|  | Facing other crisis (health, trauma, dramatic loss of income, other) that is immediately compromising their ability to retain housing; **or** |
|  | High overcrowding (the number of persons exceeds health and/or safety standards for the housing unit size and/or may result in a lease violation or loss of subsidy); **AND** |
|  | Lacking the resources and support networks needed to retain or immediately relocate to safe, affordable housing. |

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| **List of Veteran Service Officers:** | | | |
| Anoka | John Kriesel | 763-323-5290 | [John.kriesel@co.anoka.mn.us](mailto:John.kriesel@co.anoka.mn.us) |
| Carver | Paul Thorn | 952-442-7658 | [pthorn@co.carver.mn.us](mailto:pthorn@co.carver.mn.us) |
| Dakota | Lisa Thomas | 651-554-5601 | [veterans@co.dakota.mn.us](mailto:veterans@co.dakota.mn.us) |
| Scott | Jerry Brua | 952-496-8176 | [jbrua@co.scott.mn.us](mailto:jbrua@co.scott.mn.us) |
| Washington | Ryan Carufel | 651-430-6857 | [ryan.carufel@co.washington.mn.us](mailto:ryan.carufel@co.washington.mn.us) |

\*\***The Domestic Violence question on the Step 1 PAPER VERSION is the correct question to ask. If entering assessment data directly into HMIS please hover over the DV in HMIS to see the paper version and accurate wording.**

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| **Domestic Violence Resources:** | | | |
| If household states yes to the Domestic Violence question, ask them to explain. If the assessor determines that the client is a current victim of Domestic Violence or Sexual Assault, refer to the resources below. The household can then chose to continue with the screening or seek shelter options and meet with the assessor at a later date to complete the screening. The date of the Step 1 screening is the date used for their place on the Priority List. | | | |
| All Counties | Day One | 1-866-223-1111 | one number to screen and seek statewide DV shelter options |
| Anoka | Alexandra House | 763-780-2330 |  |
| Dakota | Lewis house | 651-452-7288 |  |
| West Metro – Scott/Carver unaccompanied minor youth | Passageways Emergency Shelter | 612-232-5428 (Regional Navigator) | 24 and younger- sexually exploited youth |
| East Metro – Anoka/Washington/Dakota  Unaccompanied minor Youth | Tubman | 651-770-0777  (Regional Navigator) | 24 and younger- sexually exploited youth |

**\*\*Paper assessment asks for last 7 days, HMIS asks for situation the night prior to assessment. When completing the assessment in HMIS, ask “Where have you been the last 7 days?” and enter MOST ACUTE situation into HMIS.**

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| **HOMELESS DEFINITIONS:** |
| *HUD Homeless Definition: - All of the following locations are types of HUD homelessness. Anyone experiencing this type of homelessness in the last 7 days* ***will move on to a Step 2 Assessment****.*   * 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 * A place not meant for human habitation includes:   + 24 hour facilities   + A home where the physical structure is unsafe or regularly without utilities. * An Emergency Shelter Voucher is any hotel stay paid for by a county, agency, faith based organization, school or foundation, family member or friend. (It is possible that someone whose hotel is paid by family/friends may not be considered homeless by HUD or MN definitions, but a complete housing history in step 2 will determine this.) |
| *Long Term Homeless (LTH) for ages 25+ - All locations listed on the screening are types of MN Homelessness. Anyone experiencing this type of homelessness in the last 7 days* ***AND*** *has been homeless for at least one year or has been homeless 4 times in the past 3 years* ***will move on to a Step 2 Assessment***.   * Hotel or motel self-pay, need to be out in 5 days   + If Hotel or motel paid without emergency shelter voucher is selected, ask the following:   + Where were you before entering the hotel? If the household was in their own residence and not homeless prior to entering the hotel, they are considered PREVENTION.   + If the household was HUD Homeless or doubled up when they entered, determine if they were LTH upon entering the hotel. If they were, then they are considered LTH. If they were not, they are considered PREVENTION. * Staying or living in a friend’s room, apartment or house * Staying with someone who is not a friend or family member |
| *Youth Homeless*  *A youth who is in any of the situations below and cannot* ***safely or securely*** *stay in one place for the next 30 days* ***is eligible for a Step 2 Assessment****.*   * + *Under Length of Stay, the word “living situation” means the place where they are staying at the moment and does not refer to couch hopping or being homeless in general.* * 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.   *The Safe Harbor question is to help identify victims of sex trafficking and does not affect client eligibility. Regional navigator for Safe Harbor is at 612‐232‐5428. Again, the household can then chose to continue with the screening or seek shelter options and meet with the assessor at a later date to complete the screening.* |

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| **PREVENTION** |
| Prevention describes someone who is housed in their own apartment or home they own but who is at risk of having to leave that home.   * *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*   If a box in Prevention is indicated, **do not refer to Step 2 Assessment**. Refer to a prevention resource in their community listed in the OUTCOME box. |

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| **HOMELESS CATEGORY** |
| Only households who are HUD homeless, LTH, or a youth experiencing homelessness are eligible for a Step 2 assessment. |

**\*\*In HMIS, MN options are not listed for “Housing Status”. Until this changes, anyone meeting the MN LTH definition of homeless or the MN Homeless Youth Act definition need to be entered as “At risk for homelessness.” These households are still eligible for the Step 2 assessment and this should be indicated in the Outcome and Notes section.**

**\*\*Prevention households should also be identified as “At risk” in HMIS but would NOT be offered a Step 2 assessment.**

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| **OUTCOME** | | |
| Mark what the next step will be for the household | | |
| If Step 2 is marked:  **HOUSED:** if they will be receiving housing immediately following their Step 2 assessment  **SHELTER**: if they ALREADY have a shelter bed identified they can access  **NO SHELTER**: if you are giving shelter resources as an option but they do not have a shelter bed identified they can access | | |
| If Referral to prevention resource is marked, use the chart below to refer: | | |
| Anoka | The Salvation Army | 763-458-6873 |
| Carver | CAP Agency | 952-496-2125 |
| Dakota | Supportive Housing Unit | 651-554-5751 |
| Scott | CAP Agency | 952-496-2125 |
| Washington | Washington County | 651-430-6488 |

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| **DOCUMENTS NEEDED** |
| All clients must sign the HMIS Release of Information. If completing over the phone, acquire phone authorization and write “Per Phone” on the signature line. |
| Other release of information – If you have other agencies in your community where you may need to send the screening information, use your own agency release to allow for that. |

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| **STEP 2 ASSESSMENT may be done immediately for a household who is eligible.** |