

WCICCC Emergency Response Screening

(Form Used by Shelter Providers and Providers Receiving Homeless Prevention & Rapid Rehousing Funds)

Name: _____ Phone: _____

1. Are you homeless or do you believe you will become homeless in the next 72 hours?

Yes No

HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?

Yes No

If no to Question 1 AND Question 2, refer to mainstream resources (Appendix B)

If yes to Question 2, DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Entry process. Skip to Question 9 and refer to DV resources (Appendix B). If the client declines referral to DV resource, then complete the rest of screening.



3. Where did you sleep last night? _____

4. Was it a safe location? Yes No

If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?"

PREVENTION/DIVERSION QUESTIONS

5. Why did you have to leave the place you stayed last night? _____

6. Could you stay tonight at the same location? Yes No

If no, skip to Question 7

- a. What would you need to help you stay where you stayed last night again?

Landlord mediation

Conflict resolution

Rental assistance (Amount: \$ _____)

Utility assistance (Amount: \$ _____)

Other financial assistance (Amount: \$ _____)

Other assistance (Please describe: _____)

b. Would it help if I contacted the person you stayed with? What is the best way to contact that person?

Name _____ Phone _____

Contact date(s) and result _____

7. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?

Yes No If no, skip to Question 8

a. What would you need to help you stay there?

_____ Landlord mediation

_____ Conflict resolution

_____ Rental assistance (Amount: \$ _____)

_____ Utility assistance (Amount: \$ _____)

_____ Other financial assistance (Amount: \$ _____)

_____ Other assistance (Please describe: _____)

b. Would it help if I contacted someone you can stay with? What is the best way to contact that person?

Name _____ Phone _____

Contact date(s) and result _____

8. Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?

Yes No

9. If no, what was the result of this screening process for this household?

Referred to shelter Referred to DV program Received hotel/motel voucher

No assistance given Referred to Transitional/Supported Housing

Refer for financial assistance Other: _____

If household is not appropriate for prevention and diversion referral, at this point household members are referred to local emergency response programs. Each Regional Committee will determine referral eligibility questions based upon what is available in the community.

Screening Completed By _____

Agency Site: _____