



Homelessness Prevention (HP) Screening Form

SCREENING DATE (e.g. 1/08/2020)

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APPLICANT HEAD OF HOUSEHOLD (IDENTIFY MEMBER OF HOUSEHOLD)

First Name

Last Name

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OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

STAGE 1: ELIGIBILITY FOR HP

Eligibility Condition 1. Very Low-Income Status	
<i>Household size (all adults/children):</i>	
<i>Total Annual Gross Income from All Sources:</i>	\$
<i>50% of Area Median Income for Household Size:</i>	\$
STAFF DISPOSITION:	
Is gross annual household income less than 50% Area Median Income for household size?	
YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.	
Documentation obtained? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Eligibility Condition 2. Imminently At-Risk of Literal Homelessness	
2A: Imminent Housing Loss	
<i>Next, we need to know some details about your current housing situation so we can understand how best to assist you.</i>	
[Staff Note: Applicants who are losing their housing because they are fleeing or attempting to flee domestic violence are eligible for Rapid Re-Housing assistance. (RRH) and should instead be referred to LCoC Access Point Specialists for assessment.]	

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?

Identify the primary place where applicant is staying (check only one):

- 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
- Rental by client, no ongoing housing subsidy
- Rental by client, with HUD VASH subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Hospital or other residential non-psychiatric medical facility*
- Long-term care facility or nursing home*
- Jail or prison*
- Residential project or halfway house with no homeless criteria*
- Psychiatric hospital or other psychiatric facility*
- Substance abuse treatment facility or detox center*
- Other (describe): _____

*If staying in institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, a Safe Haven, or on the street. Such individuals are considered literally homeless and should instead be referred to LCoC Access Point Specialists for assessment.

[Staff Note: Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, a Safe Haven, transitional housing (including GPD), or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be referred to LCoC Access Point Specialists for assessment.

Do you have to leave this place (or the place you normally stay)? YES NO N/A

[Staff Note: Briefly describe reasons why applicant has to leave current place they are staying and obtain copy of any written documentation.]

If yes, what's causing you to have to leave? How long can you continue to stay there?

Identify why the applicant must leave the primary place they are staying (check only one):

- Court-ordered eviction notice to vacate rental unit
- Formal written notice from landlord to vacate rental unit (e.g., 30-day Notice to Quit)
- Written or verbal notice from family, friend or host to leave doubled-up housing
- Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)
- Insufficient resources to continue to pay for hotel or motel
- Other (describe): _____

[Staff Note: Applicants who have only received a verbal notice from landlord and applicants who are only behind on utilities and have not received a formal written eviction notice are not eligible for HP assistance.]

By what date must the applicant leave the primary place they are staying: / /

[Staff Note: Must be within 30 days of date of application to be eligible for HP assistance.]

Have you tried asking for an extension on your rent payment or otherwise negotiating a way to stay in your current housing? **YES** **NO** **N/A**

If yes, what was the result of the conversation? If no, is this an option for you?

May I contact your current [landlord, host family/friend, other] to see if we can negotiate a solution so you can continue to stay there OR stay there while you find another place to live? **YES** **NO** **N/A**

STAFF DISPOSITION:

Is applicant imminently losing their current primary nighttime residence? **YES** **NO** **N/A**

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? **YES** **NO**

2B: Other Housing Options & Resources

We would like to know if you have any other safe and appropriate place to stay – either permanently OR while you look for other housing. We would also like to know if you have family, friends or others you know that may be able to help you financially.

[Staff Note: Discuss and record below a summary related to each of the following potential housing options and sources of assistance: 1) family members or relatives; 2) close or trusted friends; and 3) faith-based group or network applicant associates with. Where appropriate, ask if a potential housing option can be contacted by you to help secure housing. Attach additional notes as necessary.] *NOTE: If the applicant household would have become homeless tonight, but the HP Access Point assisted in identifying or accessing an alternative to that entry into homelessness (such as family, friends or other networks), the applicant household would be eligible for Rapid Resolution services under the HP Enrollment.]*

Do you have a safe, appropriate place where you could live if you lose your current home? Let's talk about different types of options and whether any of these might be available to you as a safe, appropriate place to live, either permanently or while you seek other housing on your own. Let's start with family members and relatives...

If you're unsure if relatives, friends or others could help OR if there are any people or groups you have NOT contacted for help, but you think might be willing to assist you...

Would you be willing to contact them OR may I contact them to find out if they can provide you with a place to stay, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends or other groups (faith-based, social, etc.) that might be able to help.

YES **NO** **NOT SURE**

If YES, who should be contacted?

Name	Relationship to you	Phone number or email

STAFF DISPOSITION: *Briefly summarize efforts and discussion related to other possible housing options and resources and whether applicant lacks other safe/appropriate housing options (either permanent or one they can access while seeking other housing) and resources sufficient to avoid literal homelessness. [NOTE: If the Applicant household would have become homeless tonight but the HP Access Point assisted in identifying or accessing an alternative to that entry into homelessness (such as family, friends or other networks), the Applicant household would be eligible for Rapid Resolution services under the HP Enrollment.]*

Does applicant have other safe/appropriate housing options and/or resources sufficient to avoid literal homelessness? YES NO

IF “YES”, Applicant may be eligible for Rapid Resolution Services.

2C: Financial Resources

We would like to find out if you have any funds or if there is other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing.

Approximately how much money would you need to pay immediately in order to keep your housing OR obtain other housing? \$

Do you have any funds or other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing? YES NO

Approximately how much money do you currently have available in savings, assets or other accounts? \$

Do you have enough money to pay for your current housing costs, including any rent or utility arrears? YES NO NOT SURE

Are there other community resources you’ve applied for, such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or other local emergency assistance programs? YES NO NOT SURE

If you have no other financial resources and are unsure if there are other community resources that could help, we may be able to refer you to other resources that would be more appropriate.

Can we help provide information about other resources? YES NO

If YES, identify each resource:

Resource	Potential Assistance Available	Disposition (e.g., information & referral provided; contacted and not available; etc.)

STAFF DISPOSITION: Briefly summarize efforts and discussion related to financial resources and whether other financial resources are available to avoid literal homelessness. If they will lose housing *regardless* of their own financial resources or other financial assistance, explain.

Stage 1: Eligibility Disposition

ELIGIBLE: Meets all eligibility requirements above

CONTINUE TO STAGE 2

ELIGIBLE: Rapid Resolution only

CONTINUE TO STAGE 2

NOT ELIGIBLE: Does not meet one or more eligibility requirements

STOP

STAGE 2: TARGETING

TARGETING CRITERIA Use the following criteria to identify if the eligible applicant household is also a priority for homelessness prevention assistance. Check each condition that is true for the applicant.	Check if Applicable	Point Value	TOTAL POINTS (enter value for each box that is checked)
URGENCY OF HOUSING SITUATION (May indicate more urgent need for homelessness prevention assistance)			
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	<input type="checkbox"/>	5	
Current housing loss expected within... (select only one)			
0-6 days	<input type="checkbox"/>	5	
7-13 days	<input type="checkbox"/>	4	
14-21 days	<input type="checkbox"/>	3	
POTENTIAL BARRIERS AND VULNERABILITIES (May impact ability to quickly secure housing and resolve literal homelessness independently if <u>Applicant</u> household is not assisted and becomes literally homeless)			
<u>Current</u> household income is \$0 (i.e., not employed, not receiving cash benefits, no other <u>current</u> income)	<input type="checkbox"/>	5	
<u>Annual</u> Household Gross Income Amount (select only one)			
0-14% of Area Median Income (AMI) for household size	<input type="checkbox"/>	4	
15-30% of AMI for household size	<input type="checkbox"/>	3	
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months	<input type="checkbox"/>	3	
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/>	3	
Rental evictions within the past 7 years (select only one) [Staff Note: Only include formal eviction actions (i.e., Notice to Quit) taken by a landlord due to lease non-compliance and that ultimately resulted in loss of rental housing.]			
4 or more prior rental evictions	<input type="checkbox"/>	5	
2-3 prior rental evictions	<input type="checkbox"/>	4	
1 prior rental eviction	<input type="checkbox"/>	3	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/>	3	

History of Literal Homelessness (street/shelter/transitional housing) (select only one)	<input type="checkbox"/>		
4 or more times or total of at least 12 months in past three years	<input type="checkbox"/>	5	
2-3 times in past three years	<input type="checkbox"/>	4	
1 time in past three years	<input type="checkbox"/>	3	
	<input type="checkbox"/>	3	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/>	4	
Registered sex offender	<input type="checkbox"/>	5	
At least one dependent child under age 6	<input type="checkbox"/>	3	
Single parent with minor child(ren)	<input type="checkbox"/>	3	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/>	3	
POLICY PRIORITIES			
TOTAL POINTS			

Stage 2: Targeting Disposition	
Meets Targeting Threshold Approved Targeting Threshold Score: []	[] Continue with HP enrollment OR other referral if no capacity
Does Not Meet Targeting Threshold	[]

Applicant Certification

By signing below, I certify that the information provided above is correct, so far as I know and understand, and that I do not have other housing options or sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent my household from becoming literally homeless.

Name: _____

Signature: _____

Date: _____

Staff Certification

By signing below, I certify that I have worked with the Applicant household to identify housing resources and solutions and believe, based on the information presented, that the household is eligible for services and will become literally homeless unless HP Access Point assistance is provided. Further, I certify that all supporting documentation required for Access Point project enrollment has been obtained and verified and is contained in the participant's case file.

Staff Name: _____

Staff Signature: _____

Date: _____

Staff Certification

Staff Signature: _____

Date: _____