HOMELESS PREVENTION PROGRAMS SCREENING

Diversion

1. **Do you have a pending application or are you receiving assistance from another organization for the same assistance being requested?**
   If yes -- Name of Agency _____
2. **Do you have any family or support system who can provide you with immediate housing?**
3. **If offered cash assistance to relocate outside of the county, is there someone who can provide you with housing?**
4. **Do you have any alternative resources, housing options or family or support networks that can help instead of requesting this assistance?**

(if yes to #1, 2, 3 OR 4 – explore diversion options)

Eligibility

5. **Does the applicant have documentation to demonstrate imminent risk of homelessness, as evidenced by one of the following:**
   [ ] Court document showing you are in the process of being evicted.
   [ ] Documentation verifying you are staying in a hotel/motel not paid for by a government agency or non-profit
   [ ] Referral from Fire Department/Red Cross and Fire Incident Report.
   [ ] Government document proving the building you were living in was condemned.
   [ ] Letter from institution or transitional housing you are leaving verifying homeless status prior to entering.
   [ ] Document verifying home you were living in was foreclosed on.
   [ ] Letter verifying you're aging out of foster care or on family unification program.
   [ ] 3 Day Notice from Landlord showing you are behind on rent
   [ ] Referral from Project Up Start along with Doubling Up Letter and Proof of Address from host or Motel Receipts.
   [ ] Section 8 Authorization for Change of Dwelling.
6. **Are you currently fleeing domestic violence, labor or sex trafficking?**
7. **Are you an unaccompanied or parenting youth who has not turned 25 years old?**
8. **What is the total household income for all persons residing with you?**

If yes to #5, 6 OR 7 – above AND
The total household income is at or below 50% of the AMI – the household is eligible for ESG Homeless Prevention

Priorities

9. **Is anyone in your household 65-year-old or older?**
10. **Has anyone in your household been treated for cancer; chronic kidney disease; chronic obstructive pulmonary disease; immunocompromised state (weakened immune system) from solid organ transplant; obesity (body mass index [BMI] of 30 or higher); serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies; sickle cell disease; or type 2 diabetes mellitus?**
11. **Do you have a record of previous eviction filed with the courts?**
12. **During the past 6 months, have you slept in a shelter, on the streets, your car, or a place not meant for human habitation because you lacked adequate and stable housing?**
13. **Answered "yes" to question # 2 re: fleeing domestic violence, labor or sex trafficking?**
14. **Have fallen behind on rent because of a loss in household income?**
15. **Do you owe more than 3 months of back rent?**
16. **If so, how many months do you owe?** ____

(If yes to Q9, 10, 11, 12, 13, 14 OR 15 – this household is a priority for assistance)

Veterans

Is the applicant a veteran of the US military or Coast Guard?
(if yes to Q12, refer to SSVF when household is eligible)

HOMELESS PREVENTION PROGRAMS COMMON APPLICATION

DATA NOT INCLUDED IN HMIS UDEs

Applicant Phone: _____ **Applicant Email:** _____

Current Address :_____ City:_____ **Zip Code**:_____

Are you seeking assistance to remain at this address?

What is your current contracted rent?

Are you requesting assistance with mortgage?

- ☐ a. Yes
- ☐ b. No

Do you need assistance with any of the following other services:

☐ Utility bills ☐ Security deposit ☐ Storage/Moving

Is anyone in your household pregnant or under the age of six (at greater risk for lead based paint**)?**

- ☐ a. Yes **(if applicable, projected delivery date:** _____**)**
- ☐ b. No

HMIS UNIVERSAL DATA ELEMENTS

PROJECT START/ENTRY DATE (e.g., 08/24/2017)

The Project Start/Entry Date will serve as the date the screening is conducted and all data elements collected because the client was accepted into the program*. Use the referral to reject clients who are not appropriate for the program. Use the move-in date to record when a client is successfully housed.*

		/			/				
Month			Day			Year			

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

Use a client's full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents, unless specifically required by a funder.

First name	
Middle name	
Last name	
Suffix	

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a "made up name" for such an initial identification, indicate that here.

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

SOCIAL SECURITY NUMBER

			-			-				

DATE OF BIRTH (e.g., 10/23/1978)

		/			/				
Month			Day			Year			

SOCIAL SECURITY NUMBER DATA QUALITY

Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR ALL CLIENTS (CONTINUED)

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other: non-relation member

ETHNICITY

- ☐ Non-Hispanic / Non-Latino
- ☐ Hispanic / Latino
- ☐ Client doesn't know
- ☐ Client refused

RACE

More than one race is permitted. Client doesn't know and Client refused should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client doesn't know
- ☐ Client refused

GENDER

Which of these genders best describes how the client identifies?

- ☐ Female
- ☐ Male
- ☐ Trans Female (MTF, or male to female)
- ☐ Trans Male (FTM, or female to male)
- ☐ Gender Non-Conforming (i.e. not exclusively male or female)
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR ALL CLIENTS (CONTINUED)

PHYSICAL DISABILITY

Does the client currently have a physical disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR ALL CLIENTS (CONTINUED)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

- ☐ No
- ☐ Alcohol abuse
- ☐ Drug abuse
- ☐ Both alcohol and drug abuse
- ☐ Client doesn't know
- ☐ Client refused

[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?
A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long–continued and indefinite duration and substantially impairs ability to live independently.

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR ALL CLIENTS (CONTINUED)

HEALTH INSURANCE

Is the client currently covered by health insurance?

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

↓

[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

No	Yes	Source
☐	☐	Medicaid
☐	☐	Medicare
☐	☐	State Children's Health Insurance Program (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services
☐	☐	Employer-Provided Health Insurance
☐	☐	Health insurance obtained through COBRA
☐	☐	Private Pay Health Insurance
☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Indian Health Services Program
☐	☐	Other If Yes, specify source: _____

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Respond to the following questions for any head of household (as designated above) and any adult in the household. If the household is composed of an unaccompanied child, that child is the head of household. If the household is composed of two or more minors, data must be collected about the minor that has been designated as the head of household. A separate form should be included for each adult member of the household.

CLIENT LOCATION

- ☐ FL-600 Miami-Dade
- ☐ FL-601 Broward
- ☐ FL-604 Monroe

LIVING SITUATION PRIOR TO PROJECT START

- ☐ Place not meant for habitation
- ☐ Emergency Shelter
- ☐ Safe Haven
- ☐ Foster Care or Group Home
- ☐ Hospital
- ☐ Jail/Prison
- ☐ Long term care facility
- ☐ Psychiatric facility
- ☐ Substance abuse treatment or detox facility
- ☐ Residential project or halfway house
- ☐ Hotel/motel
- ☐ Transitional Housing
- ☐ Host home
- ☐ Staying or living with friends
- ☐ Staying or living with family
- ☐ Rent by client with GPD TIP
- ☐ Rent by client with VASH
- ☐ Permanent Housing other than RRH for formerly homeless persons
- ☐ Rent by client with RRH subsidy
- ☐ Rent by client with HCV
- ☐ Rent by client with Public Housing
- ☐ Rent by client with no ongoing subsidy
- ☐ Rent by client with other housing subsidy
- ☐ Owner by client with subsidy
- ☐ Owner by client with no subsidy
- ☐ Client does not know
- ☐ Refused
- ☐ Data not collected

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS

Length of Stay in Previous Place (in nights)

- ☐ 1 or less
- ☐ 2-6
- ☐ 7-30
- ☐ 31-90
- ☐ 91-364
- ☐ 365 or more
- ☐ Client does not know
- ☐ Refused
- ☐ Data not collected

Approximate Date Homelessness Started

		/			/				

Month Day Year

Regardless of where you stayed last night, # of times you have slept on the streets, ES or SH in the last 3 years

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 or more
- ☐ Client does not know
- ☐ Refused
- ☐ Data not collected

Total # of months homeless on the streets, ES or SH in the last 3 years (1 day in a month = the entire month)

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

VETERAN STATUS

Is the client a veteran?

Veteran Status is only collected on heads of household who are 18 years of age and older, as well as all other adults in the household. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service.

- *For the **Army, Navy, Air Force, Marine Corps,** and **Coast Guard**, active duty begins when a military member reports to a duty station after completion of training.*
- *For the **Reserves** and **National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad.*
- *Or Anyone who was disabled in the line of duty during a period of active duty training.*
- *Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.*

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] When did the experience occur?

- ☐ Within the past three months
- ☐ Three to six months ago (excluding six months exactly)
- ☐ Six months to one year ago (excluding one year exactly)
- ☐ One year ago or more
- ☐ Client doesn't know
- ☐ Client refused

[IF YES] Is the client currently fleeing?

- ☐ No
- ☐ Yes
- ☐ Client doesn't know
- ☐ Client refused

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

☐	No	☐	Client doesn't know
☐	Yes ⬇	☐	Client refused

[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

Source of income	Receiving income from source?		If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	No	☐	
	Yes	☐	$. 0 0
Unemployment Insurance	No	☐	
	Yes	☐	$. 0 0
Supplemental Security Income (SSI)	No	☐	
	Yes	☐	$. 0 0
Social Security Disability Insurance (SSDI)	No	☐	
	Yes	☐	$. 0 0
VA Service-Connected Disability Compensation	No	☐	
	Yes	☐	$. 0 0
VA Non-Service-Connected Disability Pension	No	☐	
	Yes	☐	$. 0 0
Private disability insurance	No	☐	
	Yes	☐	$. 0 0
Worker's Compensation	No	☐	
	Yes	☐	$. 0 0
Temporary Assistance for Needy Families (TANF)	No	☐	
	Yes	☐	$. 0 0
General Assistance (GA)	No	☐	
	Yes	☐	$. 0 0
Retirement Income from Social Security	No	☐	
	Yes	☐	$. 0 0
Pension or retirement income from a former job	No	☐	
	Yes	☐	$. 0 0
Child support	No	☐	
	Yes	☐	$. 0 0
Alimony or other spousal support	No	☐	
	Yes	☐	$. 0 0
Other source If yes, specify source:_____	No	☐	
	Yes	☐	$. 0 0
Total monthly income from all sources			$. 0 0

DATA FOR HEAD OF HOUSEHOLD AND OTHER ADULTS (CONTINUED)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

[IF YES] Answer 'Yes' or 'No' for each of the following non-cash benefit sources.

Source of income	Receiving Benefits from source?	
Supplemental Nutrition Assistance Program (SNAP)	No	☐
	Yes	☐
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	No	☐
	Yes	☐
TANF Child Care services *(or use local name)*	No	☐
	Yes	☐
TANF transportation services *(or use local name)*	No	☐
	Yes	☐
Other TANF-Funded Services *(or use local name)*	No	☐
	Yes	☐
Other source If yes, specify source:_____	No	☐
	Yes	☐