

Project Start: NC Balance of State Prevention and Diversion Screen

DEMOGRAPHIC & HOUSEHOLD INFORMATION (Answer the questions in this section for ALL clients)

Agency Name		Date			/			/				
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Client Name	
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Social Security Number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

Date of Birth (e.g., 02/17/1978)

		/			/					
--	--	---	--	--	---	--	--	--	--	--

Is the client a US Military Veteran?

Yes No

Race -The selection of more than one race is permitted.

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander

White
 Client doesn't know
 Client refused

Ethnicity

Non-Hispanic / Non-Latino
 Hispanic / Latino

Client doesn't know
 Client refused

Gender

Female
 Male
 Trans Female (MTF)
 Trans Male (FTM)

Gender Non-comforming
 Client doesn't know
 Client refused

Relationship to 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
 Data not collected

Disability Status - Does the client have a disabling condition?

Yes No Client doesn't know Client refused Data not collected

Client Location- In which CoC is the Head of Household staying at the time of project entry?

NC 502-Durham City & County NC 503-NC Balance of State NC 513-Chapel Hill/Orange County Other:

NC County of Service

In which NC county is this client receiving your project's services?

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INITIAL HOMELESS ASSESSMENT (Answer the questions below for the Head of Household and other adults)

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

Yes No

2. Are you currently residing with, or trying to leave an intimate partner, family member, caregiver, or other person in your home who threatens you or makes you fearful?

Yes No



If yes to Question 2, refer to DV resources. If yes to second question, clients are referred to DV resources and DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Entry process

3. Homeless History

Select 1 type of living situation. Follow the arrows & red instructions to complete other sections			
Section 1: Type of Prior Living Situation- Where did the client live immediately prior to this project entry?			
Homeless	Institutional	Temporary & Permanent Housing	
<input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Residential project or halfway house with no homeless criteria	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="checkbox"/> Hospital or other residential non- psychiatric medical facility	<input type="checkbox"/> Hotel or motel paid for <i>without</i> emergency shelter voucher	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Jail, prison, or juvenile detention facility	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<input type="checkbox"/> Client refused	<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Host Home (non-crisis)	
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	<input type="checkbox"/> Staying or living in a friend's room, apartment or house	
↓	<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Staying or living in a family member's room, apartment or house	
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Rental by client, with GPD TIP housing subsidy	
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Rental by client, with VASH housing subsidy	
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	
	↓	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy	<input type="checkbox"/> Rental by client, with ongoing housing subsidy
		<input type="checkbox"/> Rental by client in a public housing unit	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
		<input type="checkbox"/> Rental by client, with other ongoing housing subsidy	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
		<input type="checkbox"/> Owned by client, with ongoing housing subsidy	<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused
		<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Data not collected		↓	
<input type="checkbox"/> Data not collected			
Section 2: Length of Stay in Prior Living Situation - How long did the client stay in that place?			
If any responses in the shaded boxes below are checked, you must go to SECTION 3, all others should go to Income and Sources			
<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 night or less	<input type="checkbox"/> 1 night or less	
<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 2 to 6 nights	<input type="checkbox"/> 2 to 6 nights	
<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 week or more, but less than 1 month	<input type="checkbox"/> 1 week or more, but less than 1 month	
<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 month or more, but less than 90 days	<input type="checkbox"/> 1 month or more, but less than 90 days	
<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 90 days or more, but less than 1 year	<input type="checkbox"/> 90 days or more, but less than 1 year	
<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> 1 year or longer	<input type="checkbox"/> 1 year or longer	
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Client refused	<input type="checkbox"/> Client refused	<input type="checkbox"/> Client refused	
<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected	



Section 3: Break in Homelessness – On the night before entering the living situation, did the client stay on the streets, or in emergency shelter?

If any responses in the shaded boxes below are checked, you must go to SECTION 4, all others should go to Income and Sources

Go to Section 4	<input type="checkbox"/> Yes [Go to Section 4]	<input type="checkbox"/> Yes [Go to Section 4]
	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected	<input type="checkbox"/> Data not collected



Section 4- Answer the three questions below to complete this section

Approximate Date This Homelessness Started?

		/			/			
Month			Day			Year		

Regardless of where the client stayed last night, HOW MANY TIMES has the client been homeless on the streets, or in an emergency shelter in the past 3 years including today?

<input type="checkbox"/> One time (Select this if this is the 1 st time the client has been homeless in the past 3 years)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two times	<input type="checkbox"/> Client refused
<input type="checkbox"/> Three times	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Four or more times	

HOW MANY MONTHS, in total, has the client been homeless on the street, or in an emergency shelter in the past 3 years?

<input type="checkbox"/> 1 month or less (Select this if this is the 1 st time the client has been homeless in the past 3 years)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Between 2 and 12 Months → Enter the total number of months:	<input type="checkbox"/> Client refused
<input type="checkbox"/> More than 12 months	<input type="checkbox"/> Data not collected

4. Was it a safe location? Yes No

5. If client slept in a homeless location last night based on their response to question 3 ask: How long have you stayed there? Less than 2 weeks Longer than 2 weeks

STOP *If client is literally homeless for less than 2 weeks, skip to gathering demographic information. If client has been literally homeless for more than 2 weeks or unsheltered, start VI-SPDAT. If client is fleeing DV, refer to DV resources.*

If the client is not literally homeless and they answered No to Question 1, ask:

6. Will you be forced to leave your current housing in the next 14 days? Yes No

7. If yes, is it for any of the following reasons:

- In a hotel/motel, client does not have the resources to pay for the room for more than 14 days.
- In a rental unit, client has received a court order to leave in the next 14 days.
- In a rental unit owned or leased by someone else, that person is requiring the client to leave the unit in the next 14 days.

STOP *If the client answers No to Question 6 or they do not meet the criteria in Question 7, they are not eligible. Refer them to a mainstream resource. If client answers Yes to Question 6 and meets Question 7 criteria, continue with screen and start collecting homeless verification documentation.*


**PREVENTION/DIVERSION QUESTIONS (If literally homeless for more than two weeks, skip to Question 11)
(Answer the questions below for the Head of Household and other adults)**

8. If client slept in a homeless location last night ask: Why did you have to leave your previous residence? If not currently homeless ask: Why will you have to leave the place you stayed last night?

- | | |
|--|--|
| <input type="checkbox"/> Could not pay living expenses | <input type="checkbox"/> Evicted by landlord with papers served |
| <input type="checkbox"/> Eviction process by landlord no papers served yet | <input type="checkbox"/> Forced to leave by family/friend, roommate or significant other |
| <input type="checkbox"/> Exiting institution | <input type="checkbox"/> Forced to leave due to program rules |
| <input type="checkbox"/> Inhabitable due to no utilities | <input type="checkbox"/> Inhabitable due to sanitation |
| <input type="checkbox"/> Inhabitable due to structural issues | <input type="checkbox"/> Unsafe due to community violence |
| <input type="checkbox"/> Unsafe due to domestic violence | <input type="checkbox"/> Other (please specify below) |

If other, please specify _____

9. Could you stay tonight at the same location if you had additional resources or assistance? Yes No

 If No, skip to question 14.

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

- | | |
|---|--|
| <input type="checkbox"/> Conflict resolution with family or significant other | <input type="checkbox"/> Conflict resolution with landlord |
| <input type="checkbox"/> Conflict resolution with roommate | <input type="checkbox"/> Rental assistance |
| <input type="checkbox"/> Utility assistance | <input type="checkbox"/> Other conflict resolution |
| <input type="checkbox"/> Other financial assistance | <input type="checkbox"/> Other assistance |

11. Would it help if I contacted the person you stayed with? Yes No

What is the best way to contact that person?

Name: _____ Phone: _____

12. Date previous location contacted:

		/			/				
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13. Result of contact with previous location: _____

14. Is there anyone else you (and your family) could stay with? Friends, family, co-workers? Yes No

 If No, skip to question 19.

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

- | | |
|---|--|
| <input type="checkbox"/> Conflict resolution with family or significant other | <input type="checkbox"/> Conflict resolution with landlord |
| <input type="checkbox"/> Conflict resolution with roommate | <input type="checkbox"/> Rental assistance |
| <input type="checkbox"/> Utility assistance | <input type="checkbox"/> Other conflict resolution |
| <input type="checkbox"/> Other financial assistance | <input type="checkbox"/> Other assistance |

16. Would it help if I contacted someone you can stay with? Yes No

What is the best way to contact that person?

Name: _____ Phone: _____

17. Date possible location contacted:

		/			/				
--	--	---	--	--	---	--	--	--	--

18. Result of possible location contact: _____

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

Yes

No

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

Referred to street outreach

Referred to shelter

Received hotel/motel voucher

Referred to DV program

Referred to transitional housing

Referred for VI-SPDAT assessment

No bed available

No assistance given

Other

Client Contact Information

Phone Number	
Email	
Other	

CURRENT LIVING SITUATION											
INFORMATION DATE - When was this contact with the client?								/			/
TYPE OF CURRENT LIVING SITUATION - Where was the client living during this contact with the client?											
Homeless	<input type="checkbox"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)									
	<input type="checkbox"/>	Emergency shelter, including hotel or motel paid for <i>with</i> emergency shelter voucher, or RHY-funded Host Home shelter									
Institutional	<input type="checkbox"/>	Foster care home or foster care group home									
	<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility									
	<input type="checkbox"/>	Jail, prison, or juvenile detention facility									
	<input type="checkbox"/>	Long-term care facility or nursing home									
	<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility									
Temporary and Permanent	<input type="checkbox"/>	Substance abuse treatment facility or detox center									
	<input type="checkbox"/>	Residential project or halfway house with no homeless criteria									
	<input type="checkbox"/>	Hotel or motel paid for <i>without</i> emergency shelter voucher									
	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)									
	<input type="checkbox"/>	Host Home (non-crisis)									
	<input type="checkbox"/>	Staying or living in a friend's room, apartment or house									
Temporary and Permanent (cont.)	<input type="checkbox"/>	Staying or living in a family member's room, apartment or house									
	<input type="checkbox"/>	Rental by client, with GPD TIP housing subsidy									
	<input type="checkbox"/>	Rental by client, with VASH housing subsidy									
	<input type="checkbox"/>	Permanent housing (other than RRH) for formerly homeless persons									
	<input type="checkbox"/>	Rental by client, with RRH or equivalent subsidy									
	<input type="checkbox"/>	Rental by client, with HCV voucher (tenant or project based)									
	<input type="checkbox"/>	Rental by client in a public housing unit									
	<input type="checkbox"/>	Rental by client, no ongoing housing subsidy									
	<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy									
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy										
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy										

Other	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected
Living Situation verified by: Name the verifying agency and project	

IF INSTITUTIONAL, TEMPORARY, OR PERMANENT CURRENT LIVING SITUATION Is client going to have to leave their current living situation within 14 days?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

↓

IF YES, has a subsequent residence been identified?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

↓

IF YES, does individual or family have resources or support networks to obtain other permanent housing?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

↓

IF YES, has the client had a lease or ownership interest in a permanent housing unit in the last 60 days				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

↓

IF YES, has the client moved 2 or more times in the last 60 days?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected

CURRENT LIVING SITUATION - Location details

Homelessness Verification

This client is:

Category 1 homeless	Category 2 Homeless
I have the following types of verification on file (check all that apply)	
<input type="checkbox"/> Verification from shelter program of stay in shelter	<input type="checkbox"/> Court-ordered eviction notice with date to leave in 14 days or less
<input type="checkbox"/> Verification of unsheltered homelessness from street outreach program	<input type="checkbox"/> Verification of hotel stay rate and client resources that show client cannot stay in hotel longer than 14 days
<input type="checkbox"/> Verification of literal homelessness from other third party (indicate verification source: _____)	<input type="checkbox"/> Verification from current owner/renter of housing in which client is staying that they cannot stay there
<input type="checkbox"/> Verification from an institution of less than 90 day stay in an institution and third-party verification of literal homeless prior to institutional stay.	<input type="checkbox"/> Verification of attempts to gather above information and self-certification of Category 2 homelessness
<input type="checkbox"/> Caseworker observation of literal homelessness	<input type="checkbox"/> Verification client has no subsequent residence and lacks resources to find one (Required for ALL clients)
<input type="checkbox"/> Self-certification of literal homelessness	

ANSWER THESE QUESTIONS FOR HEAD OF HOUSEHOLDS ONLY

COORDINATED ENTRY ASSESSMENT													
DATE OF ASSESSMENT								/			/		
ASSESSMENT LOCATION													
Orange CoC	<input type="checkbox"/> CEF												
	<input type="checkbox"/> Housing Helpline												
	<input type="checkbox"/> HomeLink												
	<input type="checkbox"/> IFC Commons												
	<input type="checkbox"/> Jail												
	<input type="checkbox"/> Medical Provider												
	<input type="checkbox"/> Outreach												
<input type="checkbox"/> Shelter													
BoS CoC	<input type="checkbox"/> Region 1												
	<input type="checkbox"/> Region 2												
	<input type="checkbox"/> Region 3												
	<input type="checkbox"/> Region 4												
	<input type="checkbox"/> Region 5												
	<input type="checkbox"/> Region 6												
	<input type="checkbox"/> Region 7												
	<input type="checkbox"/> Region 8												
	<input type="checkbox"/> Region 9												
	<input type="checkbox"/> Region 10												
	<input type="checkbox"/> Region 11												
	<input type="checkbox"/> Region 12												
	<input type="checkbox"/> Region 13												
ASSESSMENT TYPE						<input type="checkbox"/> Phone							
						<input type="checkbox"/> In Person							
						<input type="checkbox"/> Virtual							
ASSESSMENT LEVEL						<input type="checkbox"/> Crisis Needs Assessment							
						<input type="checkbox"/> Housing Needs Assessment							
PRIORITIZATION STATUS						<input type="checkbox"/> Placed on Prioritization List							
						<input type="checkbox"/> Not Placed on Prioritization List							

COORDINATED ENTRY EVENT													
START DATE / DATE OF EVENT								/			/		
EVENT													
Access Events	<input type="checkbox"/> Referral to Prevention Assistance project												
	<input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution						→ Go to A						
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment												
	<input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment						→ Go to B						

Referral Events	<input type="checkbox"/> Referral to post-placement/follow-up case management	
	<input type="checkbox"/> Referral to Street Outreach project or services	
	<input type="checkbox"/> Referral to Housing Navigation project or services	
	<input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services	
	<input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services	
	<input type="checkbox"/> Referral to Emergency Shelter bed opening	→ Go to C
Referral Events Cont.	<input type="checkbox"/> Referral to Transitional Housing bed/unit opening	→ Go to C
	<input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening	
	<input type="checkbox"/> Referral to RRH project resource opening	
	<input type="checkbox"/> Referral to PSH project resource opening	
	<input type="checkbox"/> Referral to Other PH project/unit/resource opening	
If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer the following question:		
A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer the following question:		
B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer the following questions:		
C. Location of Crisis Housing or Permanent Housing Referral (project name)		