

# YOLO COUNTY HOMELESS ASSESSMENT AND REFERRAL SYSTEM

## PREVENTION / DIVERSION SCREENING TOOL

Use this form to determine whether a client who is homeless or at risk of becoming homeless can be:

1. **Prevented** from becoming homeless; and/or,
2. **Diverted** from the homeless services system by finding safe and appropriate alternative housing.

This tool may be completed as a form and saved in case files, or simply used as a verbal conversation guide.

**Client Name/Case Number/HMIS Unique ID (optional):** \_\_\_\_\_

1. Where did you sleep last night?

Pursue <b>PREVENTION</b>	Pursue <b>DIVERSION</b>
<input type="checkbox"/> Own or rented home <input type="checkbox"/> Someone else's home ( <i>inside</i> ) <input type="checkbox"/> Motel ( <i>paid for with own money</i> ) <input type="checkbox"/> Subsidized permanent housing program	<input type="checkbox"/> Outside ( <i>such as tents, parks, underpasses</i> ) <input type="checkbox"/> Someone else's home ( <i>outside or in a garage</i> ) <input type="checkbox"/> Motel ( <i>paid for by agency because homeless</i> ) <input type="checkbox"/> Institution ( <i>jail or prison, hospital, treatment program</i> ) <input type="checkbox"/> Abandoned building, garage, shed, storage <input type="checkbox"/> Building not meant for sleeping ( <i>such as a library</i> ) <input type="checkbox"/> Car, camper, RV ( <i>with no permanent hookups</i> ) <input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Housing not fit for habitation ( <i>code violation, etc...</i> ) <input type="checkbox"/> Other, please specify: _____

2. What brought on your current housing crisis?

- Problems with landlord – specific issues: \_\_\_\_\_
- Behind on rent or utility bills (*circle which*): Amount owed: \$ \_\_\_\_\_
- Evicted or in the process of being evicted from a private home or housing provided by family or friends
- Foreclosure on rental property
- Living in housing that has been condemned
- Unable to pay rent
- High overcrowding: *Determine extent of overcrowding, if situation inappropriate, skip to Diversion questions on next page.*
- Violence or abuse occurring in the family's household
- Other, please specify: \_\_\_\_\_

3. Have you ever been to a shelter or another homeless assistance program before?

- YES → Name of Program: \_\_\_\_\_ Date Last There: \_\_\_\_/\_\_\_\_/\_\_\_\_
- NO

4. Do you have any income or resources?

Income	Resources
<input type="checkbox"/> SSI/SSP: Monthly Amount: \$ _____ <input type="checkbox"/> SSA: Monthly Amount: \$ _____ <input type="checkbox"/> VA Benefits/SDI: Monthly Amount \$ _____ <input type="checkbox"/> CalWORKs or General Assistance: Amount: \$ _____ <input type="checkbox"/> Employment: Monthly Amount \$ _____ <input type="checkbox"/> Family Support: Monthly Amount: \$ _____ <input type="checkbox"/> Other Source: _____ Amount: \$ _____	<input type="checkbox"/> Bank account: Balance Available: \$ _____ <input type="checkbox"/> Cash on Hand: Amount \$ _____ <input type="checkbox"/> Vehicle <input type="checkbox"/> Bicycle <input type="checkbox"/> Other Resource: _____

## PREVENTION

1. Was where you slept last night a safe location?  
 YES → Continue to Question 3.  
 NO → **Ask:** What made the location unsafe?  
*If due to domestic violence, refer to Empower Yolo and offer other domestic violence related services.*
2. Could you stay at the same location tonight?  
 YES → Continue to Question 3.  
 NO → **Ask:** Why? \_\_\_\_\_. Continue to Question 3.
3. Would it help if I contacted the person you stayed with?  
 YES → **Contact person.**  
 NO → Continue to DIVERSION questions.

## DIVERSION

1. Was where you slept last night a safe location?  
 YES → Continue to Question 3.  
 NO → **Ask:** What made the location unsafe?  
*If due to domestic violence, offer Empower Yolo and other domestic violence related services.*
2. Could you stay tonight at the same location?  
 YES → Continue to Question 3.  
 NO → **Ask:** Why? \_\_\_\_\_. Continue to Question 3.
3. Is there anyone else you and your family could stay with for at least the next 3 to 7 days if you were able to receive case management services/transportation assistance/limited financial support?  
 YES → **Contact person.**  
 NO → *Help individual or family think through potential places, with family, friends, co-workers. Have them identify potential barriers to staying there and how those barriers might be overcome. If none identified, continue to CONCLUDING QUESTIONS – STAFF ONLY.*

## CONCLUDING QUESTIONS – STAFF ONLY

1. Is Prevention an option for this client?  
 YES → Continue to Question 2.  
 NO → **Make appropriate referrals to other available community/mainstream resources.**
2. What kind of assistance do they need to prevent homelessness?  
 Landlord mediation  
 Conflict resolution with potential roommate  
 Rental assistance (Amount \$ \_\_\_\_\_)  
 Utility assistance (Amount \$ \_\_\_\_\_)  
 Other financial assistance (Amount \$ \_\_\_\_\_)  
 Other assistance (Define: \_\_\_\_\_)
3. Is Diversion an option for this client?  
 YES → Continue to Question 4.  
 NO → **Make appropriate referrals to other available community/mainstream resources.**
4. What kind of assistance do they need to be successfully diverted?  
 Landlord mediation  
 Conflict resolution with potential roommate  
 Rental assistance (Amount \$ \_\_\_\_\_)  
 Utility assistance (Amount \$ \_\_\_\_\_)  
 Other financial assistance (Amount \$ \_\_\_\_\_)  
 Other assistance (Define: \_\_\_\_\_)
5. Was a VI-SPDAT completed for this client?  
 YES → Date: \_\_\_\_\_ Score: \_\_\_\_\_  
 NO