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?**

<table>
<thead>
<tr>
<th><strong>Pursue PREVENTION</strong></th>
<th><strong>Pursue DIVERSION</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Own or rented home</td>
<td>☐ Outside <em>(such as tents, parks, underpasses)</em></td>
</tr>
<tr>
<td>☐ Someone else’s home <em>(inside)</em></td>
<td>☐ Someone else’s home <em>(outside or in a garage)</em></td>
</tr>
<tr>
<td>☐ Motel <em>(paid for with own money)</em></td>
<td>☐ Motel <em>(paid for by agency because homeless)</em></td>
</tr>
<tr>
<td>☐ Subsidized permanent housing program</td>
<td>☐ Institution <em>(jail or prison, hospital, treatment program)</em></td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th><strong>Income</strong></th>
<th><strong>Resources</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ SSA: Monthly Amount: $________</td>
<td>☐ Cash on Hand: Amount $________</td>
</tr>
<tr>
<td>☐ VA Benefits/SDI: Monthly Amount $________</td>
<td>☐ Vehicle</td>
</tr>
<tr>
<td>☐ CalWORKs or General Assistance: Amount: $____</td>
<td>☐ Bicycle</td>
</tr>
<tr>
<td>☐ Employment: Monthly Amount $________</td>
<td>☐ Other Resource:__________________________</td>
</tr>
<tr>
<td>☐ Family Support: Monthly Amount: $________</td>
<td></td>
</tr>
<tr>
<td>☐ Other Source: __________________ Amount: $____</td>
<td></td>
</tr>
</tbody>
</table>
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 → ___________