**PRE-SCREEN (Non HMIS Questions)**

1. **Before we get too far into this conversation, though it’s a difficult question, it would be helpful to know if you are fleeing or attempting to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.**
* No (Continue to the next question)
* Yes (Stop🡪 If household would prefer to speak with a domestic violence provider, call local DV Hotline)

*Script:* ***Next,* *I need a bit more information about you.* We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many agencies*, who work with people experiencing homelessness,* use this computer system. *Do you give* your consent to add your personal data into the system and share it in order to connect you with resources that best meet your needs?**

* No (Stop🡪 Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS.)
* Yes (Continue to the next question. If completing assessment in person, collect signed HMIS ROI from client.)

**HMIS ENTRY SCREEN**

**Project Start Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**First Name: MI**: **Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_\_\_\_\_\_

Name Type:

* Full Name Reported
* Partial, Street Name, or Code Name Reported
* Client Doesn’t Know
* Client Refused
* Data Not Collected

**SSN:** \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_

SSN Type:

 Full

Approximate/Partial

Client Doesn’t Know

Client Refused

Data Not Collected

**U.S. Military Veteran? (clients 18 and older)**:

Yes

No

Client Doesn’t Know

Client Refused

Data Not Collected

**DEMOGRAPHIC**

1. (If by phone) In case we get disconnected, what's the best way to reach you?

 \_\_\_\_\_\_\_\_\_\_ (phone number)

1. Date of Birth

 \_\_\_\_\_\_\_\_\_\_ (Date)

1. If under 18, are you legally emancipated?

Yes

No

1. Gender

Female

Male

Trans Female (MTF or Male to Female)

Trans Male (FTM or Female to Male)

Gender non-conforming (IE not exclusively male or female)

Client Doesn’t Know

Client Refused

Data Not Collected

1. How many members in your household are in need of service? \_\_\_\_\_\_\_\_\_\_

 How many members are adults? \_\_\_\_\_\_\_\_\_\_

 How many members are children (under the age of 18)? \_\_\_\_\_\_\_\_\_\_

1. Caller Town

 (*Drop down of 450 something towns*)

1. Where did you sleep last night? Residence Prior to Project Entry

**HOMELESS SITUATION**

Place Not Meant for Habitation

Emergency Shelter, including hotel or motel paid for with emergency shelter voucher

Safe Haven

**INSTITUTIONAL SITUATION**

Foster Care Home or Foster Care Group Home

Hospital or other Residential Non-Psychiatric Medical Facility

 Jail, Prison or Juvenile Detention Facility

Long-Term Care Facility or Nursing Home

Psychiatric Hospital or Other Psychiatric Facility

Substance Abuse Treatment Facility or Detox Center

**TRANSITIONAL AND PERMANENT HOUSING SITUATION**

Hotel or Motel Paid for without an Emergency Shelter Voucher

Owned by Client, No Ongoing Housing Subsidy

Owned by Client, with Ongoing Housing Subsidy

Permanent Housing {other than RRH} for Formerly Homeless Persons

Rental by Client, No Ongoing Housing Subsidy

Rental by Client with VASH Subsidy

Rental by Client with GPD TIP Subsidy

Rental by Client with Other Ongoing Housing Subsidy {including RRH}

 Residential Project or Halfway House with no Homeless Criteria

Staying or Living in a **Family** Member’s Room, Apartment or House

Staying or Living in a **Friend’s** Room, Apartment or House

Transitional Housing for Homeless Persons (includes homeless youth)

Client Doesn’t Know

Client Refused

Data Not Collected

**DIVERSION**

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.

*Script:* ***I’d like to talk about whether there are any available resources to help you stay in a safe place tonight.***

1. If under 18, are you working on reuniting with your family?

Yes

No

 If yes, Can you stay with family tonight?

* Yes
* No
1. (If literally homeless, skip and go to the next question)

Was where you stayed last night a safe location that you can return to?

Yes

No

N/A

1. Do you have any resources to pay for a place to stay tonight?

Yes

No

1. (If literally homeless) Will any type of assistance help you to stay in a safe location?

Yes

No

 If yes, what assistance is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, where is that safe location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (All other clients) Will any type of assistance help you remain where you stayed last night or in another safe location?

Yes

No

 If yes, what assistance is needed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, where is that safe location? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you applied for General Assistance in your community?

Yes

No

1. Has any service provider (ie case manager, social worker etc.) been helping you recently?

Direction:  If yes, obtain verbal permission, and have interviewer contact service provider

Yes

No

1. *(Answer question without asking client):* Did the Diversion of Assessment resolve the client’s immediate needs?

Yes

No

**If yes, end assessment and provide diversion referrals as identified**

**If no, continue with Shelter Eligibility and shelter/outreach referrals**