

Balance of State Continuum of Care Prevention & Diversion Assessment Tool

Introductory Questions

1. Are you homeless (living on the street, staying in an emergency shelter or transitional housing program, fleeing domestic violence) or at-risk of homelessness?

Yes No

2. Where did you stay last night?

- With a friend/family member/other doubled up situation
 A hospital
 Jail/prison
 Juvenile detention facility
 In a hotel/motel
 In a foster care/group home
 In a substance abuse treatment facility
 In my own housing – rental
 In my own housing – owned
 In a car, on the street, or in another place not meant for human habitation
 In other housing: _____

3. What brought on your housing crisis?

- Problems with landlord
 Have rental or utility arrears (circle which)
If yes, list amount owed: \$ _____
 Evicted or in the process of being evicted from a private dwelling or housing provided by family or friends
 Victim of foreclosure on rental property
 Living in housing that has been condemned
 Unable to pay rent
 Experiencing high overcrowding
 Violence or abuse occurring in the family's household
 Other _____

Diversion Questions

4. Are you safe in your current living situation?

Yes No

5. Is there anyone else you and your family could stay with for at least the next three (3) to seven (7) days if you were able to receive case management services/transportation assistance/limited financial support?

Yes No

Prevention Questions

6. Are you safe in your current living situation?

Yes No

7. Do you believe you will become homeless within the next seven (7) days?

Yes No

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

Yes No

9. If you answered yes to the previous question, what was the name of the program?

When were you last there? ____/____/____

10. Household income is at or below 30 percent of AMI

Yes No

11. Has household experienced homelessness in the last 12 months?

Yes No

Total Prevention Points: _____

Provide prevention assistance if household has at least three points.

Concluding Questions – Case Manager Only

1. Does client qualify for diversion assistance?

Yes No

2. If so, what kind of assistance do they need initially to be successfully diverted?

- Landlord mediation
- Conflict resolution with potential roommate
- Rental assistance (Amount _____)
- Utility assistance (Amount _____)
- Other financial assistance (Amount _____)
- Other assistance (Define: _____)

3. Does client qualify for prevention assistance?

Yes No

4. If so, what kind of assistance do they need initially to be successfully diverted?

- Landlord mediation
- Conflict resolution with potential roommate
- Rental assistance (Amount _____)
- Utility assistance (Amount _____)
- Other financial assistance (Amount _____)
- Other assistance (Define: _____)

**This concludes the assessment.
See next page for the follow-up form.**

Follow-Up Form (Case Manager/Assessment Staff Only)

1. Was the household diverted from entering shelter? (If no, skip to question two).

Yes No

If yes, to where:

- Friend's house
 Family member's housing
 Previous housing
 Other (please describe): _____

How long were they in this housing? Number of days: _____

2. Did the household receive prevention assistance?

Yes No

What type?

- Utility assistance in the amount of \$_____
 Rental assistance in the amount of \$_____
 Security deposit in the amount of \$_____
 Moving costs in the amount of \$_____
 Other \$_____

After 30 Days...

1. Did they find permanent housing?

Yes No

After 90 Days...

1. Have they come back to shelter/the homeless assistance system since being diverted?

Yes No

2. Are their whereabouts known?

Yes No

3. If they are known, where do they live currently?

- Remained in initial housing
 Relocated to different permanent housing unit
 In homeless assistance system

4. If they "remained in initial housing" or "relocated to different permanent housing unit", how long have they been there? Number of Days: _____