

Homeless Hotline Shelter Screening and Diversion Form

Purpose:

To provide people who are literally homeless a path into shelter (Front Door, Overnight, Tier 2; CHOICES, Engagement Center, Huck House); to refer to facilities that are a more appropriate option than shelter (crisis stabilization); to make appropriate referrals to support services; to divert if possible.

Triage Performed By: _____ Agency: _____ Date/Time: _____

Type of Triage: _____ Telephone

All information on this call is confidential; it will only be shared with partnership agencies providing services to you. Is this okay with you? Yes No

Begin Intake:

Thank you for calling Homeless Hotline. My name is (STATE YOUR NAME).

Collect the following information: *Need to ask for HUD*

First Name _____ Last Name _____

Alias _____ Social Security Number _____

Primary Race _____ Secondary Race _____

Ethnicity _____ Date of Birth _____

Telephone Number _____ Military Veteran? _____

Gender: _____ If Female, Ask if client is pregnant: Yes No If Yes, Due Date: _____

Family Intake Only:

Household Composition:

HoH (Adult#1) _____

(Adult#2Name/DOB/SSN) _____

(Adult#3Name/DOB/SSN) _____

Minor Child Age & Gender:

HOH Source of Income(last 30 days): _____

HOH Amt of Income: _____

Other Income: _____

PROOF OF HOMELESSNESS (POH): _____

(friends, relative, case worker, police, HOH can self refer)

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1. Before we start, are you currently under the age of 18? Yes No
 - a. If yes, I can provide you with the number to Huckleberry House, a Teen Crisis Center (614) 294-5553 and FCCS (614) 229-7000. We are unable to put an unaccompanied (No Legal Guardian presenting) minor in shelter; please refer to appropriate agencies assisting minors in crisis.

2. Household composition: Single Adult Family with minor child Unaccompanied minor
 - a. Single adult, skip to question #6
 - b. Family w/minor child, continue to question #3
 - c. Unaccompanied minor ***STOP*** Please refer to Huckleberry House @ 614-294-5553

3. Do **you** have legal custody of the minor children?
 Yes No
 - a. If yes, move to next question.
 - b. If no, ***STOP***. Intake must be completed with the family's Head of Household (HoH). Only people with legal custody of the minor child can be considered HoH.

4. Are you currently connected with Franklin County Children Services (FCCS)?
 Yes No
 - a. If yes, is your case worker aware of your current situation?
 Yes No
 - b. If yes, refer client back to FCCS case worker to see if they have available resources. If FCCS cannot help, we can proceed with intake for shelter.
 - c. If no, move to the next question.

5. Have you ever been assisted by Stable Families before?
 Yes No
 - a. If yes, move to next question
 - b. If no, the client may qualify for a Stable Family referral if they have a minor in the household, an income and have not been in emergency shelter within the last 6 months

6. Do you currently have a lease in your name?
 Yes No
If yes:
 - a. Are you being evicted?
 Yes No
 - b. Have you been to court?
 Yes No
 - c. Do you have a set out date?
 Yes No Set out date _____

❖ **If client has not permanently exited the household, they are not considered HUD homeless and not eligible for shelter. Please refer client to 2-1-1 for community resources. HUD Homeless is without access to a safe place for shelter.**

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Domestic Violence/Human Trafficking

Script: Are you experiencing any violence against you physically or sexually (by an intimate partner) where you live or are staying right now that is making that place unsafe for you to remain?

7. Are you currently in a domestic violence situation with an intimate partner?

Yes No

a. If No, Skip to question #11

b. If Yes: Are you Currently Fleeing Yes_____ No_____ I can provide you with the number to CHOICES (614-224-4663). HOMELESS HOTLINE can also offer to connect if warm transfer is possible.

8. Are you in a safe place now to talk to me about this?

Yes No

9. When was the last incident of abuse? (must be within 30 days to qualify for DV shelter) _____

❖ If abuse was within 30 days, Refer to CHOICES Domestic Violence Shelter (24/7 Intake Line: 614-224-4663) where they may have additional resources to help with housing crisis and address additional concerns

a. If within 30 days, REFER TO CHOICES

b. If not, continue with intake process

10. Is there other safe housing where you can stay when you leave?

Yes No

a. How many nights can you stay there? (If fewer than 10 days, REFER TO CHOICES) _____

11. Are you presently feeling pressured/threatened to do things (such as sex or labor) you didn't want to do?

Yes No

12. Are you presently exchanging sex or labor for something of value? (such as: food, shelter, drugs, clothing, money)

Yes No

a. If yes to #4 or #5: May I provide you with the number for the local hotline that can help you? HOMELESS HOTLINE can also offer to connect if warm transfer is possible. Central Ohio Rescue and Restore Coalition (Local: 614-285-4357) or (National: 888-373-7888) Human Trafficking Crisis Hotlines.

Script: If you are seeking shelter today, I need to get some basic information from you.

13. Are you presently on the streets or in a camp or without a safe place to stay tonight?

Yes No

14. Are you connected with Maryhaven Outreach?

Yes No *Maryhaven Homeless Outreach, Phone: (614) 449- 1530

15. What is the zip code of your last permanent address? _____

16. From the following choices, which best describes the location of your most recent housing?

Columbus

Franklin County

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- Ohio but Outside of Franklin County
- Out of State: _____
- Don't Know
- Refused

17. Where did you stay last night? *Need to ask for HUD*

1	Emergency shelter, including hotel or motel paid for with emergency shelter voucher
2	Transitional housing for homeless persons (including homeless youth)
3	Permanent housing for formerly homeless persons (such as SHP, S + C or SRO Mod Rehab)
4	Psychiatric hospital or other psychiatric facility
5	Substance abuse treatment facility or detox center
6	Hospital (non-psychiatric)
7	Jail, prison, or juvenile detention facility
12	Staying or living in a family member's room, apartment, or house
13	Staying or living in a friend's room, apartment, or house
14	Hotel or motel paid for without emergency shelter voucher
15	Foster care home or foster care group home
16	Place not meant for habitation (e.g. a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside); inclusive of "non-housing service site (outreach programs only)"
17	Other
18	Safe Haven
19	Rental by client with VASH housing subsidy
20	Rental by client with other ongoing housing subsidy
21	Owned by client, with ongoing housing subsidy
22	Rental by client, no ongoing housing subsidy
23	Owned by client, no ongoing housing subsidy
24	Long-term care facility or nursing home
25	Residential project of halfway house with no homeless criteria
26	Rental by client with grant per diem transition in place subsidy
8	Don't Know
9	Unknown

18. How long have you been staying there? *(Need to ask for HUD)*

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> One day or less <input type="checkbox"/> Two days to one week <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months | <ul style="list-style-type: none"> <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused |
|---|---|

19. General location where you stayed last night _____

20. How much longer are you able to stay at this location? _____

21. Why did you have to leave this place? _____

22. Where else might you be able to stay? _____

23. What is the primary reason that you are homeless? _____

24. What is the secondary reason that you are homeless? _____

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25. Are you entering from the street or emergency shelter? Yes No If yes, approx. date started _____
26. In the last three years, how many times have you been homeless? _____
27. In the last three years, how many months have you spent either on the street or in a shelter? _____
28. Have you ever spent any time in shelter? Yes No
- a. If yes, Enter Date _____ Exit Date _____
- b. Which shelter? _____
- c. Why did you exit shelter? _____
- d. Did you receive any financial assistance? Yes No
- i. If yes, what was the month and year? _____
- e. Why do you need to return to shelter? _____

*****Thank you for providing that basic information*****

Script: One of my primary roles is to help callers find a place other than shelter to stay. This could be with a family member or a friend or by helping connect people with other resources that I know are available.

Additional notes and details:

Script: Ask Client: Please tell me a little more about your current situation? Who is your support friends, family, church members, etc? (Listen for what their needs are).

Try to Divert, (please use the following questions):

Script: I now have some addition questions to help me better identify resources that might be helpful.

29. Do you have any income?

Yes No

a. If yes, do you receive income from any of the following sources?

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*Use Chart to record data.

Yes/No	Source of Income	Amount of Monthly Income
	Earned Income (Currently Working)	
	Unemployment Insurance	
	Supplemental Security Income (SSI)	
	Social Security Disability Income (SSDI)	
	Veteran's Service Connected Disability Compensation	
	Veteran's Non-Service Connected Disability Compensation	
	Private disability Insurance	
	Worker's Compensation	
	Temporary Assistance for Needy Families (TANF)	
	General Assistance	
	Retirement Income from Social Security	
	Veteran's pension	
	Pension from a former job	
	Child Support	
	Alimony or other spousal Support	
	Other Source	

30. Do you receive any following non-cash assistance? (Not calculated in monthly income)

Yes/No	Source of Non-Cash Assistance
	Supplemental Nutrition Assistance Program (SNAP)
	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
	TANF Child Care services
	TANF transportation services
	Other TANF-funded services
	Section 8, public housing or other ongoing rental assistance
	Other
	Temporary Financial Assistance

31. How much money do you have access to right now (to determine if a motel or rent is possible)?

Amt: _____ **Recommendation:** _____

32. What is your housing status in this moment?

Homeless: Staying on the street, vehicle, tent, abandon building, outside, etc.

Imminently losing housing within the next 14 days

- ❖ If you are not yet homeless, I would like to provide you with the number to our information and referral line, where specialists may be able to help you with community resources. The number is 614-221-2255.

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Fleeing a Domestic Violence Situation (This question was already covered this in question #3. The question does not need to be asked again. Simply check the box if applicable.)

Homeless Only Under another Federal Statue: bouncing from support to support, those with indoor shelter currently/ or for the night (not eligible for shelter in Franklin County, unless literally homeless.)

At risk of losing housing

❖ If you are not yet homeless, I would like to provide you with the number to our 2-1-1 line, where specialists may be able to help you with community resources. The number is 614-221-2255.

Stably Housed (Staying in rental, with friends/family, etc.)

33. If you are staying with friends/family, can you stay there again tonight?

Yes No

a. If no, How long have you been staying there and why do have to leave now?

34. If we are unable to provide you shelter for the night where will you stay? _____

35. Who do you usually call when you need help? _____

a. Can you contact him or her?

Yes No

b. If yes, Can that contact that person to see if you can get help with shelter?

Yes No

*If yes, Divert client to check with contacts for an opportunity for shelter.

36. Do you belong to a church, another faith-based organization, AA or another recovery community?

Yes No

a. If yes, is there a member willing to help you?

Yes No

b. If yes, have you made contact to see if they have any resources available to help their members?

Yes No

37. Would there be anyone else you could possibly stay with for at least the next three (3) to seven (7) days if I was able to assist you in connecting with case management services/transportation assistance/limited financial support? (If yes, give 2-1-1 number.)

Yes No

38. Would any of the following resources help you stay remain in your current housing?

(If yes, give 2-1-1 number)

Utility assistance to prevent disconnection

Help resolving issues with your landlord (Community Mediation Services and Columbus Urban League)

Help resolving your current eviction notice (Community Mediation Services and Columbus Urban League)

Mortgage assistance to prevent foreclosure

First month's rent to establish housing

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- Security deposit to establish housing
- Rental assistance to prevent eviction
- Help applying for SSI or other non-cash benefits
- Employment
- Mediation (family, roommate, landlord)
- Case Management
- Transportation
- Other: _____

39. Do you have all of your personal belongings with you? Yes No

a. If no, where are they being stored? _____

40. Are you presently under the influence of alcohol or drugs?

Yes: I can provide you with the number to Netcare (614-276-2273). No one is allowed to enter Emergency Shelter if intoxicated or under the influence. If yes, then client is ineligible until sober, or seek detox services.

*If the caller appears to be using alcohol or other substances, HOMELESS HOTLINE staff should continue by asking the caller if s/he is willing to go to detox. (If yes, refer to Maryhaven Engagement Center (614-276-2273, 24/7 crises services) via ROW Van or CPD, as clients cannot self-refer.)

No: "Okay. Well I need to let you know that if anyone shows up to a shelter or returns to a shelter after using alcohol or other drugs, the individual shelter will make a determination about whether or not the individual is able to safely stay there for the night."

Now I have some questions I need to ask about your ability to remain safe while in shelter tonight.

41. Are there any medical conditions that you know you have such as diabetes, seizures, high blood pressure, or a heart-related condition for which you are not receiving treatment or have run out of medication?

Yes No If yes, please share these conditions as soon as you arrive at the shelter today/tonight.

IF YES, Explain Details of medical concerns/ disabilities _____

42. Are you presently thinking about hurting yourself or someone else? Yes No

If yes:

While Netcare does not provide shelter, it does help link people with mental health services. It also provides mental health (crisis) services.

Prior to assigning you to a shelter I need for you to be seen at Netcare. Netcare's Number is 614-276-2273 you may call or present there yourself. They have 2 locations 199 S. Central Ave and 741 E. Broad Street.

While HOMELESS HOTLINE is unable to provide transportation, if you are unable to get there on your own I can call CPD to have you transported for your own safety. Do you need for me to call CPD for your safety?

Yes No

I have a few questions I need to ask about other community services you might receive.

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43. Have you ever been referred to a community mental health provider or are you receiving services from a community mental health provider now? Yes No

- a. If yes, which one? _____
- b. If yes, do you have a case manager presently? (Is s/he aware of your situation?)
- c. If no, ask if they are interested in Mental Health Services? Yes No
- a. If yes then say "Netcare's Number is 614-276-2273. Netcare does not provide shelter, but it can link you with mental health services".

44. Have you ever served in the US Military? (Question is collecting HUD "Veteran Status" required data element: HOMELESS HOTLINE Worker to enter in CSP data field.)

Yes No (Skip to question #47) Don't Know Refused to Answer

- a. If yes, What year entered and Parted: _____ & _____
- b. Did you serve active duty in any Wars (exp. WWII, Iraq Dawn, Iraq Freedom, Etc.) _____
- c. If no to B, Did you serve in other Military operations: Yes No
- d. Branch of the Military Served: _____

45. Are you currently linked with VA Services?

Yes: Enrolled Now Don't Know

No Refused to Answer

46. What was your discharge status for the military? I have some specific categories I will read to you, please select the one that is most accurate. (HOMELESS HOTLINE Worker to enter in CSP data field.)

- General under honorable conditions
- Under other than honorable conditions (OTH)
- Bad Conduct
- Uncharacterized
- Dishonorable
- Don't Know
- Refused

If the caller answers questions 19 - 21, record information in CSP and attempt to divert with SSVF Resources in real time. Also please make sure a veteran bed is not available if client is eligible. If they can go to veteran resources please facilitate this process.

We also have to do a registered sex offender check

47. Are you now, or have you ever been, a registered or convicted sex offender?

Yes Don't Know

No Refused to Answer

48. Are you now, or have you ever been, subject to community notification?

Yes Don't Know

No Refused to Answer

48 a. If yes to question 47 or 48, did the sexual offense involve a minor?

Yes No

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48 b. If yes to question 45 or 46, what is your current classification? (If the person is unsure read the options below.):

- | | |
|---|--|
| <input type="checkbox"/> Tier I | <input type="checkbox"/> Pre AWA Habitual Sex Offender w/ notification |
| <input type="checkbox"/> Tier II | <input type="checkbox"/> Pre AWA Sexual Predator |
| <input type="checkbox"/> Tier III | <input type="checkbox"/> Pre AWA Aggravated Sexually Oriented Offense |
| <input type="checkbox"/> Pre AWA Sexually Oriented Offender | <input type="checkbox"/> Pre AWA Child Victim Offender |
| <input type="checkbox"/> Pre AWA Habitual Sex Offender w/o notification | <input type="checkbox"/> Pre AWA Child Victim Predator |

49. Background check completed (Every Adult entering shelter)? (Check one below)

Note: Not a question, However a process – it is completed while the person is on the phone.

- Local (Free)- http://sheriffalerts.com/cap_main.php?office=55213
 National (Paid)- www.nsopw.gov.
 Both (Local & National)
 NA (Client Diverted or not Homeless, call interrupted, etc.)

Family Intake Only: If this is not a family intake, skip to question #51

50. Do you or any adult in your household have any active warrants? Yes No

a. Adult #1 background check completed Yes No

Date: _____ Details: _____

b. Adult #2 background check completed Yes No

Date: _____ Details: _____

c. Adult #3 background check completed Yes No

Date: _____ Details: _____

51. Contact Resolution: (check one)

- Client Advised to Call Back Once Discharged from Current Shelter
 Client called from Shelter - Advised to Remain There
 Client Ineligible
 Waitlisted
 Diverted
 Admitted/Scheduled for Intake
 Refused Services
 Call Interrupted or Incomplete
 Scheduled for Appeal
 No Show; Other
 Family Stand By List
 Scheduled for In-Person interview

❖ **Client Details/ Notes about Contact Resolutions': Shelter Reservation, Inquiries, Shelter Stays, No Shows, etc:**

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52. CSP: Type of Shelter Reservation: Check one

- Front Door Reservation: First Time Homeless
- Front Door Reservation: Returning Participant reassigned to Front Door Shelter
- Front Door Reservation: Family EOS/ONO-Emergency Overnight Shelter Stay
- Tier 2 Shelter Reservation: Returning participant with prior Navigator Services
- Tier 2 Shelter Reservation: Returning participant with prior VA Case Manager
- Tier 2 Shelter Reservation and Navigator Reservation: Returning participant without prior Navigator or VA Services and referral for Navigator Program made by HOMELESS HOTLINE

If Diverted (Don't need shelter tonight) Complete this section and STOP

Client Diverted to:

Select Here	#	Disposition Reason
	1	Referred to Alcohol/Drug Treatment Facilities
	2	Diverted to Friends or Family
	3	Referred to Choices
	4	Referred to CIS Stable Families Program
	5	Referred to City/County Assistance
	6	Referred to HOCO 211
	7	Diverted to current household location
	8	Referred to Landlord Mediation and Resolution (Legal Aid, Columbus Urban League or Community Mediation Services)
	9	Referred to Mental Health Services
	10	Referred to ODJFS
	11	Diverted to Rental Assistance
	12	Referred to Utility Assistance
	13	Referred to Veteran Affairs
	14	Referred to SSVF Program
	15	Other:

If NOT Diverted (Need shelter tonight) Resume Intake Here

53. Based on completion of the form, individual may be eligible for shelter? Yes No

When Assigning a Shelter Bed:

Based on our conversation and bed availability, it looks like there is a bed available at _____ shelter.

Would you like me to go ahead and make a reservation for that bed for you?

Your reservation has been entered.

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You need to report to _____ shelter within the next 4 hours.

Please be aware, if you do not report to the shelter within 4 hours, you may lose your bed. (The shelter's number is XXX-XXX-XXXX. It is your responsibility for you to contact them within the next 4 hours if you are unable to make it there.)

You are responsible for getting to the shelter.

Please provide any additional notes regarding this triage or any unusual incidents that occurred while completing this triage.

If placed on the Waitlist (needs shelter tonight but there are beds available)

I see that you are eligible for shelter however currently we do not have any beds available. What I am going to do is place you on a waitlist. Now that you are on the waitlist, it is your responsibility to check in with us each and every single day to see if a bed has become available. We do a bed count each morning at 8:00 am and then again at 9:00 pm. Although you are only required to check in once each day, we recommend that you call in at each bed count. This only increases your chances for a bed. We cannot hold them.

Each morning at 7 am, we do a system update. Anyone who did not make their required phone call the day before will be removed from the waitlist. If you are removed and you call back in for shelter, you will need to complete another intake and get added back to the bottom of the waitlist.

Due to high demand for shelter, we are not able to guarantee requests for specific shelters. If you are offered a bed, you have the option to accept or decline what was offered. If you decline a bed, you will be removed from the waitlist and will need to call again and complete another intake in order to be considered for shelter.

If placed on a Family Stand By list

(If call is Monday – Friday 8 am – 7:30 pm)

In order to be considered for family shelter, you will need to meet with one of our Family Resource Specialists in the Family Resource Center. I can transfer you to them now so you can set up an appointment to come in. If they

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are unable to answer the phone, please leave a voicemail and a Resource Specialist will return your call as soon as possible.

(If call is anytime that FRC is unavailable)

In order to be considered for family shelter, you will need to meet with one of our Family Resource Specialists in the Family Resource Center. Currently the FRC is closed. Please continue to stay where you are and contact us on the next business day.

(If caller states that they have NOWHERE to stay until next business day)

Since you do not have a place to stay tonight and the FRC is closed, we can offer an Emergency Overnight Stay at our Van Buren Family Shelter. Please understand that this is a one night stay only. You can enter shelter in between the hours of 8 pm and 11 pm. You will need to exit the following morning so do not bring anything more than an overnight bag. You will need to call Homeless Hotline the following day. If FRC is open, you will schedule an appointment to be seen.