

CES for Families - Screening Tool

Interviewer's Name: _____ Date/Time of Call: _____

Referred from: *(Select one)* 211 LA County Partner Agency School District Crisis Housing Provider
 Self-Referral Dependency Court DPSS DMH DCFS LAHSA A&E Other _____

Head of Household Basic Information

Name: _____ DOB: _____

Phone: _____ Ok to Leave Message? Yes No

In what language do you feel most comfortable speaking? _____

Total Household Members: _____ # Adults: _____ # Minor Children: _____

Do you have a valid government-issued photo ID? Yes No

Is anyone in the household pregnant or possibly pregnant? Yes No

Estimated Annual Income: _____ **[confirm at or below 50% AMI]**

Is anyone in the household below the age of 3? Yes No

Is anyone in the household receiving mental health services? Yes No

Have you or anyone in the household served in the U.S. Armed Forces? Yes No

HMIS Consent

In order to assist in the appointment scheduling process, I need to enter certain information about your household into our HMIS database. The information entered is limited to your full name, date of birth, the number of persons in your household and your phone number. I will now read the consent to enter information into HMIS.

“The HMIS is a database used to assist persons seeking and receiving housing and homeless services within Los Angeles. Your personal information will be kept in accordance with all federal, state and local laws related to protecting your personal data. Your information will be shared with participating partners as needed to help you find appropriate housing and services. You may revoke this authorization at any time. Do I have your permission to enter your information into HMIS?” **If the family is fleeing a DV situation they have a choice as to if their information is entered into Clarity (HMIS).**

Did the family provide verbal consent to enter information into HMIS? Yes No*

***If NO, change consent on HMIS via Client Privacy settings**

Assistance Being Requested - Select the statement below which best describes the reason why family is seeking assistance:

- Family is literally homeless (i.e., staying on the streets, place not meant for human habitation, car, etc.)
- Family is residing in crisis/bridge/interim housing and is seeking housing services
- Family is actively fleeing a DV/IPV situation and is in need of confidential crisis housing **(Follow DV protocols)**
- Family is imminently at-risk of homelessness and seeking housing assistance **(Prevention Assistance)**
- Family is staying with family/friends and seeking housing assistance
- Other (Specify): _____

Geographic Ties

What was your previous zip code before falling into homelessness? _____

Where is your job located? _____

Where is your children's school located? _____

Diversion/Shelter Questions - The purpose of these questions is to assist the interviewer in identifying diversion opportunities (Not Required for Prevention Families)

1. Why are you seeking service today? _____

2. Where did you sleep last night? **(Select one of the following)**

- Sheltered (Family, Friends, Crisis/Bridge/Interim Housing, etc.) **(If sheltered answer questions 3-8)**
- Unsheltered (streets, place not meant for habitation, car, etc.) **(If unsheltered answer questions 9-11)**

3. What is the relationship with the person you stayed with last night?

4. Is it safe to stay with the current person ? Yes No Client doesn't know Client refused

5. Do you think you and your family could stay there again temporarily? Yes No Client doesn't know

6. How long can you stay? _____

7. What do you think could help you stay? _____

8. Are there additional reasons you cannot stay there any longer? _____

9. What resources do you have right now that could help you and your family find a temporary or permanent place?

10. What resources have you already tried to access? _____

11. What have you thought about trying but have not tried yet? _____

Diversion Screening Notes, Additional Comments, Identified Need

Screening Information (Interviewer Only)

Does the household appear to be eligible for CES for Families after the initial screening? The initial eligibility criteria are: **1) Below 50% AMI, 2) Literally Homeless, or 3) Imminently At-risk of Homelessness:** Yes No

If no, why is this household not eligible? _____

Household needs referral to FSC for Diversion Services Yes No

Household needs referral to FSC for Prevention Services Yes No

Household needs referral to FSC for RRH Services Yes No

Household needs referral to FSC for Crisis/Interim/Bridge Housing Services Yes No

Outcome of Screening (Interviewer Only)	Services Provided to Family (FSC Only)
<input type="checkbox"/> Diverted to friends/family	<input type="checkbox"/> \$ Assistance to permanently divert to friends/family (track via services tab)
<input type="checkbox"/> Referred to FSC [Date Sent _____]	<input type="checkbox"/> Mediation to divert to friends/family
<input type="checkbox"/> Conducted standardized assessment	<input type="checkbox"/> Crisis/Bridge housing bed (Proceed with program enrollment into either Crisis/Bridge program)
<input type="checkbox"/> Scheduled standardized assessment	<input type="checkbox"/> Motel Voucher (Track via services tab)
<input type="checkbox"/> Linked to domestic violence system [Date Sent _____]	<input type="checkbox"/> Household declined/refused Crisis Housing
<input type="checkbox"/> Referred to non-homeless system programs/assistance	<input type="checkbox"/> Household declined/refused assistance
<input type="checkbox"/> Household income exceeded AMI	<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> Household declined/refused assistance	
<input type="checkbox"/> Other (Specify): _____	

To Be Completed By Family Solution Center or Family Solution Center HUB Site

What is the date that the appointment was made? (Appointment Made Date). Leave this question blank if the Appointment made date is the same as the Screening Date or not eligible for CES for Families (Ineligible). ___/___/___