

Balance of State Continuum of Care Prevention & Diversion Assessment Tool

Staff instructions are in red.

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

If the household is not homeless or at-risk, refer to other mainstream resources.

2. Where did you stay last night?

With a friend/family member/other doubled up situation

Skip to Diversion Questions.

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

Skip to Prevention Questions.

In my own housing – owned

Refer household to foreclosure prevention resources if necessary.

In a car, on the street, or in another place not meant for human habitation

In other housing: _____

Ask household to define “other housing”.

3. What brought on your housing crisis?

Problems with landlord

If yes, ask what specific issues are. Disputes about the unit? Problems being caused by the tenant? Not paying rent? Make a note of the answer. Use this answer to determine what kind of mediation or conflict resolution is necessary.

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

If yes, skip to Diversion Questions.

Living in housing that has been condemned

If yes, skip to Diversion Questions.

Unable to pay rent

Experiencing high overcrowding

If yes, determine extent of overcrowding in the unit. If situation seems untenable, skip to Diversion Questions.

Violence or abuse occurring in the family's household

If the household is in immediate danger, refer them to law enforcement and/or the appropriate domestic violence provider.

Other _____

Ask household to describe "other".

Diversion Questions

4. Are you safe in your current living situation?

Yes No

If no, but household is otherwise eligible for diversion, divert them to a location other than where they are currently staying and make sure that it is somewhere the household feels safe.

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

Help family think through potential places – with family, friends, co-workers. Have them identify what barriers they think exist to staying in a certain location and how they might be overcome.

If answer to this question is yes, household qualifies for diversion assistance. Skip to Concluding Questions.

If answer to this question is no and shelter diversion has therefore been ruled out, go to Prevention Questions.

Prevention Questions

6. Are you safe in your current living situation?

Yes No

If no, admit or refer to emergency shelter.

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

Yes No

At the bottom of this sheet, add one (1) point/tally mark if answer is yes.

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

At the bottom of this sheet, add one (1) point/tally mark if answer is yes.

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

Yes No

At the bottom of this sheet, add one (1) point/tally mark if answer is yes.

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

If no, attempt to make appropriate referrals to other available community/mainstream resources.

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

If no, attempt to make appropriate referrals to other available community/mainstream resources.

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: _____