**(Please feel free to modify areas of this tool in order to make it fit with your regional resources.)**

**INTRODUCTORY QUESTIONS**

1. **Are you currently living on the streets, under bridges, or in a shelter?** [ ]  Yes [ ]  No
2. **Do you believe you will become homeless in the next 72 hours?** [ ]  Yes [ ]  No
3. **Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?** [ ]  Yes [ ]  No

*→ If yes , refer to Domestic Violence Coordinated Entry Policy and proceed with question 3A.*

*→ If no – proceed with question 4.*

**3A.** If a partner has ever threatened to hurt you, made you afraid, humiliated you, controlled finances, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially as some of the questions that must be asked are very personal.

Would you like to speak to someone at a Domestic Violence program and fill out this survey with them?

Regardless of your answer, the answers you give will be kept confidential and any identifying information will not become part of the by-name list.

**\_\_Yes** - *DO NOT PROCEED WITH THIS ASSESSMENT (unless you are a domestic violence provider) and refer the client to a domestic service provider for assessment with a warm handoff. If there is not a program in the immediate area the surveyor should call an advocate in the nearest program that is trained to complete the assessment tool, and complete the tool via phone, teleconference and provide support during/after the assessment.*

**\_\_No** *- refer to Domestic Violence Coordinated Entry Policy and provide information about regional DV providers. Switch to a modified paper intake form that excludes personally identifying information, and administer a paper copy of the VI-SPDAT, TAY-VI-SPDAT, or F-VI-SPDAT that includes the name of the appropriate staff contacts as well as an internally generated ID number that the agency can associate with the client. After the assessment is conducted and a score is generated the completed tool should be destroyed.*

1. **Where did you sleep last night?**
2. **Was it a safe location?** [ ]  Yes [ ]  No *If no, ask “What made the location unsafe?” “Is there another place you can think of where you feel safe and could stay for a couple of nights?” If unsafe due to domestic violence, refer to DV services (Policy 4).*

**PREVENTION/DIVERSION QUESTIONS**

1. **Why did you have to leave the place you stayed last night?**

**Could you stay tonight at the same location?** [ ]  Yes [ ]  No *If no, skip to Question 7*

* 1. **What would you need to help you stay where you stayed last night again?**

\_\_ Landlord mediation

\_\_ Conflict resolution

\_\_ Rental assistance (Amount: $\_\_\_\_\_\_\_\_\_\_)

\_\_ Utility assistance (Amount: $\_\_\_\_\_\_\_\_\_\_)

\_\_ Other financial assistance (Amount: $\_\_\_\_\_\_\_\_)

\_\_ Other assistance (Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* 1. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Date(s) and result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is there anyone else you (and your family) could stay with? Friends, family, co-workers?**

[ ]  Yes [ ]  No *If no, skip to Question 8*

* 1. **What would you need to help you stay there?**

\_\_ Landlord mediation

\_\_ Conflict resolution

\_\_ Rental assistance (Amount: $\_\_\_\_\_\_\_\_\_\_)

\_\_ Utility assistance (Amount: $\_\_\_\_\_\_\_\_\_\_)

\_\_ Other financial assistance (Amount: $\_\_\_\_\_\_\_\_)

\_\_ Other assistance (Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

* 1. **Would it help if I contacted someone you can stay with? What is the best way to contact that person?** Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact date(s) and result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?** [ ]  Yes [ ]  No
2. **If no, what was the result of this screening process for this household?**

\_\_ Referred to shelter

\_\_ Referred to DV program

\_\_ Received hotel/motel voucher

\_\_ No assistance given

\_\_ Referred to Transitional Housing

\_\_ Other