

PRESCREEN TOOL

1. Is someone in your life currently pressuring or intimidating you to make you do things you would rather not do? Is there anyone in your family or close circle who scares you or makes you afraid?

- Yes (**STOP!** Offer to contact a victim service provider for services, referral and/or safety planning. If the client declines to contact victim services, offer safety planning and continue to **Question 2.**)
- No

Participant Name _____ **Date** _____

(Do not fill in name unless participant has signed informed written consent (ROI))

2. Did you or anyone in your household serve in the military?

- Yes (Contact Dir. of Coordinated Services at 941.626.0220 x 4 for referral and continue with assessment)
- No (Skip to question 4)

3. Are you or anyone in your household VA eligible?

- Yes (Client will be referred to VA via CES. Continue with assessment)
- No (Skip to question 4)
- Unknown

4. Where did you stay last night?

- Any situation below **and** fleeing/attempting to flee domestic violence (VI-SPDAT)
- Emergency Shelter (VI-SPDAT)
- Hotel or motel paid for by an agency (VI-SPDAT)
- In a place not meant for human habitation (car, outside, etc.) (VI-SPDAT)
- Institutional Setting (jail, treatment center, foster care, group home, etc.) (VI-SPDAT)
- With friends/family (Prevention/Diversion)
- In my own housing (Prevention/Diversion)

PREVENTION/DIVERSION

What resources do you think you need to resolve your housing crisis?

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Rental assistance <input type="checkbox"/> Utility assistance <input type="checkbox"/> Relocation assistance | <ul style="list-style-type: none"> <input type="checkbox"/> Issues with landlord/unit assistance <input type="checkbox"/> Legal assistance for eviction <input type="checkbox"/> Other (please describe) _____ |
|---|---|

Are there any resources you have than can resolve your housing crisis even temporarily?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Staying with family/friends (Is there someone I can help you contact?) <input type="checkbox"/> Paying for hotel/motel <input type="checkbox"/> Relocating | <ul style="list-style-type: none"> <input type="checkbox"/> No diversion options identified |
|---|--|

_____ **Opt-out of Coordinated Entry: I do not wish to be considered for housing opportunities via CES at this time. I understand that I will not be considered for housing openings available through the CES.**

_____ (Client initials if applicable)