



Central Virginia CONTINUUM OF CARE

Safety and Diversion Screen

To be completed by any coordinated entry access point with input provided by client.

Screening Date: _____ Screened by: _____

INTRODUCTORY QUESTIONS:

1. **Are you homeless or do you believe you will become homeless in the next 72 hours?** yes no
HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. **Are you currently residing with, or trying to leave, an intimate partner, family member, caregiver, or other person in your home who threatens you or makes you fearful?** yes no

If no to Question 1 AND Question 2, refer to mainstream resources.



*If yes to Question 2, refer to DV resources. DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Assessment process unless client declines DV services. **434-528-1041***

3. **Where did you sleep last night?** _____

4. **Was it a safe location?** yes no *If unsafe due to domestic violence, refer to DV services. 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?"*

5. **Are there any animals with you?** yes no

a. *If yes, is the animal a registered service animal?* yes no

b. *If yes, is there someone the animal(s) can stay with while you resolve your housing crisis?* yes no

c. *If no one is identified to care for the animal(s), would it help if I contacted an organization who might be able to emergency foster the animal(s) while you resolve your housing crisis?* yes no

PREVENTION/DIVERSION QUESTIONS:

6. **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 6

- a. **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: _____)

- b. **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 _____

7. **Is there anyone else you (and your family) could stay with? Friends, family, co-workers?** yes no
If no, skip to Outcome Questions.

a. **What would you need to stay there?**

- Landlord mediation Conflict resolution
 Rental assistance (Amount: \$ _____) Utility assistance (Amount: \$ _____)
 Other financial assistance (Amount: \$ _____)
 Other assistance (Please describe: _____)

b. **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 _____

All information on this call is confidential; it will only be shared with partner agencies providing services to you. It will be logged in our Homeless Management Information System (HMIS). Is this okay with you?

Yes No

BASIC PERSONAL INFORMATION (Need to ask for HUD – CALLPOINT):

First Name: _____ **Last Name:** _____

Veteran: Yes No **Phone Number:** _____

City of Inquiry: _____ **Date of Birth:** _____

Gender Identity: _____ **Primary Race:** _____

Secondary Race: _____ **Ethnicity:** _____

Is any adult member of the household a Military Veteran? Yes No

Homeless? Yes No **Chronically Homeless?** Yes No

*HUD adopted the Federal definition which defines a **chronically homeless** person as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.”*

Have you ever been in shelter? Yes No **# of Adults in HH:** ____ **# of Children under age 18:** ____

CHIA Safety and Diversion Screen Outcome:

Is the assistance needed to prevent or divert this household from entering the homeless system available in your community? yes no

What was the outcome of this screening process for this household?

- Diverted. To where: _____
 Referred to Homeless Prevention Referred to shelter Referred to DV program
 Referred to Street Outreach Referred to Community Case Review (CCR) – *released signed*
 Other: _____
 No assistance given. Why? _____

Project Staff _____

Date _____