

**Washington Families Fund Homelessness Systems Initiative  
Follow-up Screening Instrument**

The purpose of this screening instrument is to build off the results of the initial screening and help identify and triage the housing and service needs of families. The following is a list of domain items included in the follow-up screening instrument as well as options for a more detailed question set for specific domains.

	Follow-Up Screening Instrument	Long Form Questions
<i>A.) Head of Household Demographic Information</i>	<ul style="list-style-type: none"> <li>• Name</li> <li>• SSN</li> <li>• Date of birth</li> <li>• Gender</li> <li>• Marital status</li> <li>• Race</li> <li>• Ethnicity</li> <li>• Veteran status</li> </ul>	
<i>B.) Household Composition</i>	<ul style="list-style-type: none"> <li>• Number of adults</li> <li>• Number of children</li> <li>• Children living away</li> <li>• Potential reunification</li> <li>• Pregnancy status</li> </ul>	<ul style="list-style-type: none"> <li>• Number of children</li> <li>• <i>For each child:</i> <ul style="list-style-type: none"> <li>• Name</li> <li>• Social Security Number</li> <li>• Gender</li> <li>• Date of birth</li> <li>• Physical disability</li> <li>• School enrollment status</li> <li>• Name of school</li> <li>• Living situation</li> <li>• Potential reunification</li> </ul> </li> <li>• Number of adults</li> <li>• <i>For each adult:</i> <ul style="list-style-type: none"> <li>• Name</li> <li>• Social Security Number</li> <li>• Gender</li> <li>• Date of birth</li> <li>• Physical disability</li> <li>• Relationship</li> <li>• Employment status</li> <li>• Pregnancy status</li> <li>• Veteran status</li> </ul> </li> </ul>

<p><i>C.)Housing Situation</i></p>	<ul style="list-style-type: none"> <li>• Living situation</li> <li>• Length of stay</li> <li>• Ability to stay tonight</li> <li>• Types of housing assistance needed</li> <li>• Homeless history</li> <li>• Moving history</li> <li>• Loss of housing subsidy</li> <li>• Prior receipt of prevention services</li> </ul>	
<p><i>D.)Education Employment and Income History</i></p>	<ul style="list-style-type: none"> <li>• Education level</li> <li>• Current employment status</li> <li>• Permanent or temporary job</li> <li>• Length of employment</li> <li>• Earnings per month</li> <li>• Work history</li> <li>• Looking for work</li> <li>• Ability to work</li> <li>• Employment status of other household members</li> <li>• Other sources of income</li> <li>• Total monthly household income</li> <li>• Amount paid in rent</li> <li>• Amount of debt</li> </ul>	<ul style="list-style-type: none"> <li>• Sources and amount of debt</li> </ul>
<p><i>E.)Service Needs and Considerations</i></p>	<ul style="list-style-type: none"> <li>• Applying for basic benefits</li> <li>• Obtaining basic needs</li> <li>• Transportation</li> <li>• Childcare</li> <li>• School enrollment</li> <li>• Child developmental disability</li> <li>• Involvement with CPS</li> <li>• Foster care</li> <li>• Domestic violence</li> <li>• Serious medical issues</li> <li>• Mental health issues</li> <li>• Substance abuse issues</li> <li>• Criminal issues</li> </ul>	

Date \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ Interviewer Name \_\_\_\_\_

**Washington Families Fund Homelessness Systems Initiative  
Follow-up Screening Instrument**

**Purpose** - Building off the results of the initial screener, this screening helps identify and triage the housing and service needs of clients.

**Script** - I would like to ask you a series of questions about yourself, your family, and any particular challenges you are facing right now. This will help us determine what services you need and the best way for us to help you. Your answers will be kept confidential.

**A. Head of Household Demographic Information–**

These first set of questions will help us collect some basic information about you.

**1.) Please tell me your first and last name?**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**2.) What is your Social Security Number?**

SSN: \_\_\_\_\_

**3.) What is your date of birth?**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**4.) What is your gender?**

Male  Female  Transgender M to F  Transgender F to M  Refused

**5.) What is your current marital status?**

Single, Never Married  Married  Living with a Partner  Separated  
 Divorced  Widowed  Other

**6.) What is your race? (Please select all that apply)**

American Indian  White  
 Asian  Native Hawaiian/ Pacific Islander  
 Black/African American  Don't Know  
 Refused

**7.) Are you Hispanic or Latina?**

Yes, Hispanic/Latino  
 Non-Hispanic/Non Latino  
 Don't Know  
 Refused

**8.) Were you ever on active duty military service in the Armed Forces of the United States?**

Yes  No

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

**B. Household Composition – (Long form available for this section.)**

These next set of questions will give us a better understanding of who is living in your household and will help us in determining the housing resources that best fits your family needs.

1.) Not including yourself, how many other adults 18 or older are there in your household? \_\_\_\_\_

2.) How many children under 18 years of age living with you? \_\_\_\_\_

3.) Do you have children under 18 years of age who currently aren't living with you?

Yes  No

If yes, will any of these children return to living with you *if you have housing*?

Yes  No

If yes, how many will return to living with you? \_\_\_\_\_

4.) Are you or someone in your household currently pregnant?

Yes  No

If yes, whom? \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

**C. Housing Situation –**

I am going to ask you a few questions to better understand your current and past living situations and what types of housing assistance you may need.

**1.) In the last interview, you indicated you were staying in/with \_\_\_\_\_.**  
**Are you still staying in the same place?**

Yes  No

**2.) If no, where are you staying now?**

House/apartment rented by you

House/apartment owned by you

Temporarily living with family or friends (i.e. staying on a couch, staying in an extra bedroom)

Living in your car

Living on the streets

Hotel/motel

Emergency Shelter

Transitional housing for homeless

Permanent housing for formerly homeless

Hospital or psychiatric hospital

Substance abuse treatment center, including detox

Jail, prison, or juvenile facility

Foster care/ group home

**3.) How long have you been staying at this particular location?**

Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months \_\_\_\_\_ Years \_\_\_\_\_

**ASK CLIENTS LIVING IN OWN HOUSING OR STAYING WITH FAMILY OR FRIENDS**

**4.) Is this a place where you will be able to stay tonight?**

Yes  No

**If yes, how long can you stay there? \_\_\_\_\_**

**5.) What types of assistance would you need to stay in this housing?**

***(Probe and select the options that best apply.)***

Help with paying rent/mortgage

Help with paying utility bills

Help with resolving issues with other household members/landlord; including resolving an eviction notice

Help with finding transportation resources so that I can travel to work

Other \_\_\_\_\_

None of the above, I cannot stay in this housing

Date \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ Interviewer Name \_\_\_\_\_

**ASK ALL CLIENTS** – I’m going to ask you some questions about prior living situations and experiences to try to best match you with housing and services that best fit your needs. Please know that your answers to any of these questions will not disqualify you from receiving services, but will help us in understanding what type of housing services you are qualified for.

**5.) Prior to this episode, have there been times in the past three years when you haven’t had a regular place to live? I mean times when you did not have a regular place to stay and you were staying in a homeless shelter or temporarily in an institution because you had nowhere else to go. This could also include staying in a place not typically used for sleeping, such as on the street, in a car, in an abandoned building, or in a bus or train station.**

Yes  No

**If yes, how many times have you been in this situation?**

- 1 time
- 2 times
- 3+ times
- Don’t Know

**6.) In the past year, have you had to move from a living situation?**

Yes  No

**If yes, how many times have you moved?**

- 1 time
- 2 times
- 3+ times
- Don’t Know

**7.) Have you ever experienced the loss of a housing subsidy (i.e. Section 8)?**

Yes  No  Don’t Know

**If yes, when?** \_\_\_\_/\_\_\_\_

**8.) In the past year, have you received services to prevent you from losing your housing?**

Yes  No

**If yes, what kind of services have you received?**

**(Check all that apply)**

Financial assistance

When? \_\_\_\_/\_\_\_\_

Landlord mediation

When? \_\_\_\_/\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

[ ] Other \_\_\_\_\_ When? \_\_\_\_/\_\_\_\_

**D. Education, Employment and Income History –**

This next set of questions is about your education, work history and the current income your family receives.

**1.) What is the highest level of schooling you have completed?**

- [ ] None
- [ ] less than high-school (no diploma)
- [ ] High-school graduate/GED
- [ ] Post-secondary degree

**2.) Are you currently enrolled in a job training program?**

- [ ] Yes [ ] No

**3.) Are you currently employed?**

- [ ] Yes [ ] No

**If Yes ---**

**Is this a permanent job or a temporary job?**

- [ ] Permanent [ ] Temporary/Seasonal

**Approximately, how many months or years have you been working in this job? (What month and year did you begin this job?)**

Months \_\_\_\_\_ Years \_\_\_\_\_

**How many hours per week do you work? \_\_\_\_\_**

**How much do you earn per hour? \_\_\_\_\_**

**Have you received notice of termination or layoff? [ ] Yes [ ] No**

**If No---**

**When did you last work? \_\_\_\_/\_\_\_\_ [ ] Never Worked**

**Are you currently looking for work?**

- [ ] Yes [ ] No

**What are your reasons for not working right now?**

**(Mark all that apply.)**

- [ ] Can't find a job
- [ ] Laid off/Fired from previous job
- [ ] Lack of adequate childcare
- [ ] Caring for a family member with a disability or illness
- [ ] Transportation issues
- [ ] Treatment program requirements
- [ ] Have an injury/illness
- [ ] Physical disability

Date \_\_\_\_\_ Time \_\_\_\_\_:\_\_\_\_\_ Interviewer Name \_\_\_\_\_

- Mental disability
- Would lose SSI or SSDI/Disability benefits
- Would lose TANF or Medicaid
- Other (Specify: \_\_\_\_\_)
- Don't Know

4.) Is anyone else in your household working for pay?

- Yes  No

5.) In the last month, did your household receive any of these other sources of income?

(Mark all that apply)

- TANF
- SSI /SSDI
- GAU/GAX
- Unemployment
- VA Benefits
- Child Support
- Alimony
- Any other source (Specify: \_\_\_\_\_)

6.) How much is your total monthly household income (including your or anyone else if your household's employment)? \_\_\_\_\_

7.) Do you currently pay rent or mortgage?

- Yes  No

If yes, how much do you pay per month? \_\_\_\_\_

8.) About how much money overall do you believe you owe in debts? \_\_\_\_\_

*(Long form available for this question.)*

#### E.) Service Needs –

This next set of questions is about service needs that you and other members in your family may need. While some of these questions may seem personal, we are trying to ensure you receive both the housing and services you need.

#### Basic Needs –

1.) Do you need assistance in applying for basic benefits i.e.) Food Stamps, TANF, etc?

- Yes  No

2.) Do you need assistance in securing clothing and hygienic products (i.e. diapers)?

3.) Do you need assistance in finding obtaining a driver's license and getting access to a reliable vehicle?

- Yes  No

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

4.) Do you currently have access to public transit?

Yes  No

**Child Needs -**

5.) Do you need assistance with finding and enrolling your children into child care?

Yes  No

6.) Do you need assistance with enrolling your children into school?

Yes  No

7.) Have any of your children been diagnosed with a developmental or learning disability (such as a delay in language development, short attention span (ADD or ADHD), mental retardation, or autism, etc.)?

Yes  No

8.) In the past 12 months have you had any involvement with Child Protective Services?

Yes  No

9.) Are any of your children currently in foster care?

Yes  No

**Family Health-Related Needs**

10.) Have any of your children ever been removed from your household by Child Protective Services?

Yes  No

11.) In the past 12 months, have you or anyone in your household experienced any issues related to domestic violence?

Yes  No

12.) In the past 12 months, have you or anyone in your household received or needed mental health services in a residential psychiatric facility, a hospital psychiatric ward, or an outpatient program?

Yes  No

13.) In the past 12 months, have you or anyone in your household received or needed substance abuse treatment inpatient treatment, intensive outpatient treatment, or detoxification services?

Yes  No

14.) Do you or anyone in your household have a serious health condition that has required medical care in the past 12 months (for example, diabetes, arthritis, HIV/AIDS, stroke, cancer, serious asthma, etc.)?

Yes  No

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

**Legal-Related Housing Barriers**

Some housing has exclusionary criteria based upon certain legal requirements. However, there are other housing resources available that do not prevent you from obtaining housing, regardless of your legal history. These next questions will help us in identifying and providing the best housing assistance for you and your family.

**15.) Do you or anyone in your household have a criminal record?**

Yes  No

**16.) Have you or anyone in your household ever been convicted of a felony?**

Yes  No

**17.) Are you or anyone in your household a registered sex offender or are charges currently pending?**

Yes  No

**18.) Have you or anyone in your household ever been convicted of methamphetamine production, or are charges currently pending?**

Yes  No

Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

**B. Household Composition – (Long form)**

These next set of questions will give us a better understanding of who is living in your household and will help us in determining the housing resources that best fits your family needs.

1.) **How many children under 18 do you have? Please include all of your children under 18, including any of your children who are not living with you now. This includes any stepchildren, foster children, children you might have adopted, and any other children in your household.**

\_\_\_\_\_ # of children under 18

2.) **Starting with your oldest child under 18:**

- a. **What is his/her first name?**
- b. **What is his/her Social Security Number?**
- c. **Is he/she a boy or a girl?**
- d. **When is his/her birth date?**
- e. **Does he/she have a physical disability that would require special housing accommodations?**
- f. **Is s/he currently enrolled in school?**
- g. **[IF YES] What school does he/she attend?**
- h. **Does s/he live with you now?**
- i. **[IF NO] Is there a plan for the return of your child?**

Name	Social Security Number	Gender 1 Male 2 Female	Date of Birth (mm/dd/yyyy) --/--/----	Physical disability that would require special housing accommodations? 1 Yes 2 No	Enrolled in School? 1 Yes 2 No	[IF YES] What school?	Does s/he live with you now? 1 Yes 2 No	[IF NO] Is there a plan for the return of your child? 1 Yes 2 No 3 Unsure
			--/--/----					
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Date \_\_\_\_\_ Time \_\_\_\_:\_\_\_\_ Interviewer Name \_\_\_\_\_

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**3.) Other than the children we just talked about, is there anyone else living in your household?**

Yes  No



**D. Debt Question – (Long form)**

**6.) In order for me to understand your current situation, I need to know about any bills or debts that you might have. Please tell me if you currently owe money for any of the following and if so, how much?**

Do you owe money...			→ <b>[IF YES]</b>
	Yes	No	about how much?
a. for back rent?	1	2	_____
b. for back utilities, like gas, electric, or water?	1	2	_____
c. for cable television bills?	1	2	_____
d. for telephone/cell phone bill?	1	2	_____
e. for credit cards?	1	2	_____
f. to the housing authority?	1	2	_____
g. for student loans?	1	2	_____
h. to hospitals or for other medical debt?	1	2	_____
i. for car payments?	1	2	_____
j. for any other loan(s)?	1	2	_____
k. for money owed on bad checks?	1	2	_____
l. for legal bills?	1	2	_____
m. to friends and/or family?	1	2	_____
n. for anything else (like video rentals, furniture rental, storage fees, cash advances, etc.)?	1	2	_____

**About how much money overall do you believe you owe? \_\_\_\_\_**