

**Washington Families Fund Homelessness Systems Initiative
Initial Screening Instrument Draft**

The primary objective of the initial screening is to quickly determine whether a family is in need of homelessness related housing services. This screening will also help determine whether the household meets the definition of family and any age requirements. The following is a list of domain items included in the initial screening instrument:

<i>Initial Screening Instrument</i>	
<i>A.) Head of Household Demographic and Contact Information</i>	<ul style="list-style-type: none"> • Name • Date of birth • Gender • Proficiency in English • Address • Phone number • Email
<i>B.) Current Living Situation and Housing Assistance Needed</i>	<ul style="list-style-type: none"> • Living situation (last night) • Length of stay • Living situation (tonight) • Type of housing assistance needed
<i>C.) Household Composition</i>	<ul style="list-style-type: none"> • Number of adults in household • Number of children in household • Number of children living away • Potential reunification of children • Pregnancy status of household members

Date _____ Time ____:____ Interviewer Name _____

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Purpose - The initial screening is to determine whether families need assistance from the homeless service system.

A. Head of Household Demographic and Contact Information –

I am going to ask you a few questions about yourself and for your contact information so we can reach you for follow-up appointments. We want to make sure you and your family receives the services you need in the most efficient way possible.

1.) Could you please tell me your first and last name?

First name: _____ Last name: _____

2.) What is your date of birth – provided in month/day/year?

Date of Birth: ____/____/____

3.) What is your gender?

Gender: [] Male [] Female [] Transgender

4.) We would like to make sure you receive the services you need and can provide interpreter services for future interviews if necessary.

Are you comfortable with reading, writing and speaking in English?

[] Yes [] No

If no, which language would you need to have for interpreter services? _____

5.) If possible, we'd like to know the address where you are living now? Can you provide an address where you receive mail?

Street Address: _____

City, State Zip: _____, _____ _____

6.) If possible, can you provide an email address where we can contact you for appointments?

Email: _____

7.) We're also interested in phone numbers where we can contact you for follow-up appointments, etc. Could you provide a phone number where you can be reached during the day or evening? Also, do you have a mobile phone number?

Cell (____) ____-____ Daytime: (____) ____-____ Evening: (____) ____-____

Date _____ Time ____:____ Interviewer Name _____

B. Current Living Situation and Housing Assistance Needed –

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

1.) Where were you staying *last night*? (Please code respondent’s answer in the most appropriate category below)

- 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

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

Days _____ Weeks _____ Months _____ Years _____

3.) Will you be staying at the same place tonight?

Yes No

If no, do you have a place to stay?

Yes No

If yes, how long can you stay there? _____

4.) What type of housing assistance do you need? (Please fill in response and select the options below that best apply).

- Help with paying rent/mortgage
- Help with paying utility bills
- Help with resolving issues with landlord
- Help with finding a place to live, currently homeless
- Help with finding a place to live, facing an eviction
- Help with finding a place to live, home is condemned or un-inhabitable (i.e. by a fire, flood, etc)
- Help with finding a place to live, having conflicts with a household member
- Other
- None of the above

Date _____ Time ____:____ Interviewer Name _____

C. Household Composition –

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 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 had 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? _____

Script – County specific script thanking family for information and providing instructions on next steps.

Decision: Follow-Up for Housing Assistance No Follow-up for Housing Assistance