

2B_Single Adult Shelters Additional Diversion Screening Tool

Purpose:

To explore with shelter participants alternative options other than remaining in shelter and to help make appropriate real time referrals.

To Be Completed By:

By the shelter staff where the client entered shelter during his/her current episode of homelessness.
(Front Door, Overnight, and Tier 2 Shelters)

When Completed:

Form to be completed the day the client enters shelter. Form to be uploaded to CSP within 2 calendar days of shelter entry. (Regarding Client Movement: If the receiving shelter is unable to print out form from CSP then the receiving shelter must complete the form, upload it to CSP and contact CSB.)

Additional Instructions:

If you see a field that looks like this _____ highlight it with your cursor and begin typing over it for a text field.

Client/Resident Name: _____

CSP #: _____

Current Shelter: _____

Date: _____

Time: _____

Hi my name is _____.

1. Are you currently in a domestic violence situation?

Specifically are you experiencing any violence against you physically or sexually where you live or are staying right now that is making that place unsafe for you to remain?

- ☐ No
☐ Yes

a. When was the last incident of abuse? (must be within 30 days to qualify for DV shelter)

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b. If abuse was within 30 days, ask: I'd like to refer you to the CHOICES Domestic Violence Shelter where they may have additional resources to help with your housing crisis and address additional concerns with your situation. Is that okay?

i. If yes, REFER TO CHOICES

c. Is there other safe housing where you can stay when you leave?

i. How many nights can you stay there? (If fewer than 10 days, REFER TO CHOICES)

I can provide you with the number to CHOICES (614-224-4663), or assist you with calling choices if you prefer.

2. What is/was your most recent address? _____

a. How much longer are you able to stay at this location?

b. Why did you have to leave this place?

c. Would any of the following resources help you remain in your current housing?

(If yes, call 2-1-1 number or respective agencies directly with the individual to facilitate linkages)

- ☐ Utility assistance to prevent disconnection
- ☐ Mediation with Family or Friends (I can help you call them now)
- ☐ Help resolving issues with your landlord (Community Mediation Services and Columbus Urban League)
- ☐ Help resolving your current eviction notice (Community Mediation Services and Columbus Urban League)
- ☐ First month's rent to establish housing
- ☐ Security deposit to establish housing
- ☐ Rental assistance to prevent eviction
- ☐ Transportation
- ☐ Other: _____

3. How much money do you have access to right now (to determine if a motel or rent is possible)? _____

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4. Are you currently working or receiving Social Security, SSI or SSDI? _____

If yes, when will you/they receive your/their next (pay)check? _____

5. When was the last time you had a lease in your own name? _____

a. Name all the places and people you have been staying since that time?

1. _____
2. _____
3. _____

If provided within the response the name(s) of another family or another individual ask: May we call them together to see if you and your family might be able to stay with them instead of shelter?

6. Do you have friends or family in Columbus?

If yes, can we call them together to see if you might be able to stay with them instead of shelter?

7. How about your relationships with any of your relatives here in Ohio or elsewhere...Who is your closest relative?

Can we call together to see if you might be able to stay with them instead of shelter?

8. Who do you usually call when you need help?

Can we call together to see if you might be able to stay with them instead of shelter?

9. Do you belong to a church, another faith-based organization, AA or another recovery community?

If yes, is there a member willing to help you?

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Can we call together to see if you might be able to stay with them instead of shelter?

10. Do you have all of your personal belongings with you?

If not, where are they being stored?

If they give residence of another person, ask if you call together to see if you might be able to stay with them instead of shelter?

11. Are you linked with VA Services?

- ☐ Yes: Enrolled Now
- ☐ No
- ☐ Don't Know
- ☐ Refused to Answer

12. Have you ever served in the US Military?

- ☐ Yes
- ☐ No
- ☐ Doesn't know
- ☐ Refused to Answer

13. If for some reason we are unable to provide you shelter for the night where will you stay?

Each person signing below certifies that alternative options to prevent entering shelter for the person named above have been explored and that appropriate real time referrals to support networks have been made in order for the individual to remain in housing or to locate a safe alternative to shelter and that all of the information provided above is true and complete, to the best of my knowledge.

Head of Household

Date

Time

Shelter Staff Completing Diversion Form

Date

Time