

BSS+ EMERGENCY SOLUTIONS GRANT [ESG]—CARES [CV] RAPID REHOUSING INITIAL SCREENING FORM

Client Name: _____ Date: _____ SP #: _____

Applicants must:

- 1. Be experiencing Literal Homelessness (HUD Category 1) or Fleeing Domestic Violence (HUD Category 4)
- 2. Client has completed a Coordinated Assessment and was referred from the Coordinated Entry list.
- 3. Can achieve and maintain household stability with up to lesser of 20 months of case management and with 12 months of financial assistance.

Both 1 and 2 MUST BE CHECKED for the household to meet minimum eligibility.

If you are UNCERTAIN about 3, complete further screening with client.

BSS+ ESG– CV: We typically, yet cannot guarantee, up to 12 months of rental assistance, and the lesser of 20 months of case management or the length of contract.

| Current Income Summary (See Domains Below) | Income Goals Summary (See Target within <u>Three Months</u> Below) |
|-----------------------------------------------|--------------------------------------------------------------------|
| Current Monthly Income Total: | Plans to Increase/Maintain Income: |
| Current Annual Income Total: | |
| Current Income Sources: | |

| DOMAIN | 1 | 2 | 3 | 4 | 5 | | |
|----------------------------------------------------------------------|------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--|--|
| Income | No income. | Insufficient income and/or spontaneous or incidental spending. | Can meet basic needs with subsidy/financial support; appropriate spending (additional income needed) | Can meet basic needs and manage debt without assistance. (has balanced budget & expenses) | Income is sufficient, well managed; has discretionary income and is able to save. | | |
| Employment <i>(If not applicable, write N/A in scores)</i> | No job. | Temporary, part-time or seasonal; inadequate pay, no benefits. | Employed full time; inadequate pay; few or no benefits. | Employed full time with adequate pay and benefits. | Maintains permanent employment with adequate income and benefits. (1 yr. or more ongoing) | | |

| Employment History: | Benefits History: |
|---------------------|-------------------|
| | |

Which situations below could affect the client’s search for housing, or potentially affect available housing options? Please include any details that could help remove or minimize that barrier’s effect on the housing search, including any potential next steps the client can take.

Housing Barriers Summary

Rental History:

Which of the following best describes the household rental history?

- No adult has held a lease or had other tenancy
 At least 1 adult has lived in a housing setting that can provide a reference
 At least 1 adult has held a lease for less than 2 yrs.
 At least 1 adult has held a lease for more than 2 yrs.

How many evictions has any adult household member had within the past 5 years?

- 2 evictions or more in the last 5 yrs.
 1 eviction in the last 5 yrs.
 No evictions in the last 5 yrs.

How much does the household owe in Rental Debt and/or Utility Debt?

- \$2000+
 \$1000-1999
 \$500-999
 less than \$500
 None

Current Legal Issues/Criminal History:

- Current outstanding criminal warrant, arson conviction, or registered sex offender
 Criminal/felony record, not on parole or probation
 Currently on parole or probation for violent crime or felony
 No felony record, minor criminal violations, not on parole or probation
 Currently on parole or probation for a non-violent crime
 No criminal history

Any Other Relevant Situations/Details:

Housing Goals Summary

Current Living Situation (Where are you currently staying?):

Immediate Housing/Shelter Options (Where can you go tonight?):

Permanent Housing Options Client is Open to Now (What different permanent housing options are you open to?):

Long-Term Permanent Housing Goals (What are your ideal long-term permanent housing preferences?):

Preferred Permanent Housing Move-In Date (How soon would you like to move into housing?):

Housing Preferences Summary

| | |
|----------------------------------------|--------------------------------------------------------------|
| Total Household Size Currently: | Future Changes/Expected Household Size After Move-In: |
|----------------------------------------|--------------------------------------------------------------|

| | |
|-------------------------------------------------------------|------------------------------------------|
| Minimum Bedrooms Needed (check occupancy standards): | Total Bedrooms Desired/Preferred: |
|-------------------------------------------------------------|------------------------------------------|

Location Preferences:

Current Sustainable Rent (could pay immediately):

Additional client goals, strengths, and resources not addressed in conversations above:

Initial screening outcome:

- Presumed Eligible – household reports meeting all BSS+ ESG-CV RRH eligibility requirements
Note: Eligibility will need to be verified for ALL household members
- Ineligible – not currently experiencing literal homelessness and/or fleeing domestic violence
- Ineligible – household has stated housing preferences or goals that cannot be met within BSS+ ESG-CV service package
 - Income plan not compatible with BSS+ ESG-CV service package
 - Housing preferences not compatible with BSS+ ESG-CV service package
 - Income plan not compatible with client’s minimum housing preference
- Declined – household has opted to wait for a housing program with a different service package (please include specific program or services description below)

If Ineligible or Declined, please provide additional details and describe next steps offered to household:

By signing this form, I acknowledge that BSS+ ESG-CV is a time-limited program, and that rental assistance is usually available for up to twelve months, with up to twenty-four months of case management. If enrolled, I agree to create and follow a plan to achieve my housing goals within the limits of the program.

Client Print Name: _____

Client Signature: _____ **Date:** _____

Intake Staff Print Name: _____

Intake Staff Signature: _____ **Date:** _____

Staff obtained verbal consent from HoH via phone to enter data into HMIS: _____

(Staff Initials)

(Date)

Additional Notes: