

# WI BOS Coordinated Entry Prevention Prioritization Assessment

Please answer these questions for the Head of Household, or if it is 2 or more adults without dependent children, do the assessment with each and do a referral for each person. This assessment must be completed in ServicePoint. See an example of how to fill the assessment out below:

**Example:**

<b>1. Annual HH Gross income amount?</b>	<input type="checkbox"/> 0-14% AMI	<input type="checkbox"/> 2
	<input checked="" type="checkbox"/> 15-30% AMI	<input type="checkbox"/> 1
	<input type="checkbox"/> More than 30% AMI	<input type="checkbox"/> 0

## Prevention Prioritization Assessment

<b>Interviewer's Name</b>		
<b>Agency's Full Name</b>		
<b>Job Title at Agency</b>		
<b>Today's Date (Date of Interview)</b>		
<b>Prioritization Assessment Questions</b>	<b>Prioritization Assessment Answers</b>	<b>Points/Scoring</b>
<b>1. Annual HH Gross income amount?</b>	<input type="checkbox"/> 0-14% AMI <input type="checkbox"/> 15-30% AMI <input type="checkbox"/> More than 30% AMI	<input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>2. What is the last grade of school you completed?</b>	<input type="checkbox"/> Less than high school <input type="checkbox"/> Some high school <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Some College <input type="checkbox"/> Technical degree <input type="checkbox"/> College Degree 2 yrs <input type="checkbox"/> College degree 4 yrs <input type="checkbox"/> Post graduate <input type="checkbox"/> Other	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<b>3. At least one dependent child under age 6</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
<b>4. Single Parent with minor child(ren)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
<b>5. Household size of 5 or more?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0

<b>6. Pregnant?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>7. Does Client have disabling condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
<b>8. Number of times the client has been on the streets, in Emergency Shelter or Safe Haven in the past 3 years including today?</b>	<input type="checkbox"/> 4+ <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> Never	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>9. Total number of months homeless in the past 3 years</b>	<input type="checkbox"/> Less than a month <input type="checkbox"/> 1 month <input type="checkbox"/> 2-5 months <input type="checkbox"/> 6+	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>10. Number of time you have had to move because of economic factors in the last 2 years?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<b>11. Court ordered rental evictions on your record within the past 3 years?</b>	<input type="checkbox"/> 4 or more <input type="checkbox"/> 2-3 <input type="checkbox"/> 1 <input type="checkbox"/> No prior evictions	<input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>12. Domestic violence victim/survivor</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 <input type="checkbox"/> 0
<b>13. If Yes, Currently fleeing</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 2 0
<b>14. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?*</b> <i>*Convictions</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
<b>15. Registered Sex Offender</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3 <input type="checkbox"/> 0
<b>16. Means of Transportation</b>	<input type="checkbox"/> Automobile <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> Friend/Family <input type="checkbox"/> Scooter/motorcycle <input type="checkbox"/> Taxi <input type="checkbox"/> Other <input type="checkbox"/> No transportation	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 2
<b>Total Points</b> (Sum of questions answered above)		