

WI BALANCE OF STATE CoC

Pre-Screen Form

Are you currently fleeing a domestic violence situation? ☐ Yes ☐ No
(If yes, would you like a referral to a local DV agency?) ☐ Yes ☐ No

Do you have a disability or need reasonable accommodations for us to provide services to you, including filling out this form? (this question is voluntary and does not affect your eligibility for services) ☐ Yes ☐ No

List Accommodations needed:

Do you need an interpreter? ☐ Yes ☐ No Language? _____

Household members (List everyone living in your household, related & unrelated.)

Head of Household (HH) _____				<input type="checkbox"/>	____/____/____
Last	First	Middle I.	Gender	Disabled	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	Date of birth

Current Address: _____
Street Apt. # City State Zip Code

Telephone #: _____ Message #: _____ Email: _____

Veteran Status ☐ Never in the Service ☐ Currently in the Service ☐ Veteran
Veteran Benefit Status ☐ Currently receiving ☐ Currently not receiving ☐ Never received

Living situation last night

- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ☐ Place not meant for habitation inclusive of "non-housing service site (outreach programs only)"
- ☐ Safe haven

If any of the above 3 are checked, approximate date started ____/____/____ ****Required for housing placement**

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other housing subsidy (incl. RRH) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Transitional housing for homeless persons (incl. homeless youth) <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons | <ul style="list-style-type: none"> <input type="checkbox"/> Psychiatric hospital or other psychiatric facility center <input type="checkbox"/> Substance abuse treatment facility or detox <input type="checkbox"/> Other _____ <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Rental by client with GPD or TIP subsidy <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy |
|--|--|

Length of living situation in place marked above

- ☐ One night or less
☐ 2-6 nights
☐ One week or more, but less than one month

- ☐ One to three months
☐ More than three months, but less than one year
☐ One year or longer

Estimate how much longer you expect to reside there

- ☐ Can't go back
☐ Less than 3 months
☐ 3 months to a year

- ☐ More than a year
☐ Until shelter/housing is received

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: ____ times

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: ☐ 0-12 months (if 0-12, list number of months ____) ☐ More than 12 months

Cause of homelessness (check all that apply)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eviction | <input type="checkbox"/> Thrown out |
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Low income | <input type="checkbox"/> Mental illness | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Ran Away | <input type="checkbox"/> Rent increase | <input type="checkbox"/> Other _____ |

Housing Status (STAFF USE ONLY)

- | | |
|--|--|
| <input type="checkbox"/> Literally homeless | <input type="checkbox"/> Unstably housed and at risk of losing housing (high risk) |
| <input type="checkbox"/> Imminently losing their housing | <input type="checkbox"/> Stably housed |

Income Source

Gross Monthly Amt

- | | | |
|-------------------------------|--|----------|
| Alimony or Maintenance | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Child Support | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Earned Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Pension / Retirement Income | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Private Disability Insurance | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Retirement Income/Social Sec. | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| SSDI | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |

Income Source

Gross Monthly Amt

- | | | |
|-----------------------------|--|----------|
| SSI | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| TANF (W2 or W2T) | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Unemployment Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Vet Non-Svc Conn Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Vet Service Conn Disability | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Workers Compensation | <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____ |
| Other _____ | | \$ _____ |

NO INCOME – Do you certify that you do not have any income from any source at this time?

- ☐ Yes ☐ No ☐ **VERBAL**

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment for the purpose of providing a referral to Coordinated Entry Prioritization Lists?

- ☐ Yes ☐ No ☐ **VERBAL**

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge. I am aware that providing false information or not reporting pertinent information is fraud. If I provide any false information, I understand that services may be denied. I understand that completion of this form does not guarantee that I will receive assistance.

☐ **VERBAL**

Signature of Applicant _____ Date: _____

Signature of Agency Rep _____ Date: _____