



WI BALANCE OF STATE CoC Pre-Screen Form

The following questions are voluntary. However, missing or unanswered questions may affect your ability to qualify or prioritize for housing programs.

Head of Household Contact Information

Self

Last Name First Name Middle Head of Household Sex-M/F Disabled-Y/N Race/Ethnicity D.O.B. Age

Last Name First Name Middle Relationship to HoH Sex-M/F Disabled-Y/N Race/Ethnicity D.O.B. Age

Last Name First Name Middle Relationship to HoH Sex-M/F Disabled-Y/N Race/Ethnicity D.O.B. Age

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Last Name First Name Middle Relationship to HoH Sex-M/F Disabled-Y/N Race/Ethnicity D.O.B. Age

Please check which ones are safe to contact:

Phone Number: _____ Call Text Voicemail

Email: _____

Current Address: _____

Do you have a chronic disabling condition? Yes No

If yes, how many of the following apply? (0-6) _____

**Note: do not identify/circle any disabling conditions listed below*

Mental Health Disorder
Physical Disability

Developmental Disability
Chronic Health Condition

Substance use Disorder
HIV/AIDS

Do you have non-chronic medical needs? Yes No

Do you need reasonable accommodations for us to provide services to you, including filling out this form? Yes No

List accommodations needed: _____

Translation Assistance Needed: Yes No Preferred Language: _____

Veteran Status: Have you ever served in the military in any capacity? Yes No

If there were housing services available for people living with HIV/AIDS, is that something you'd be interested in? Yes No

If there were housing services available for people recovering from Substance Use Disorders, is that something you'd be interested in? Yes No

Living Situation at time of assessment: *(Cat. 1)*

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

If yes to any of the above situations, what is the approximate date that **this episode of homelessness started?** _____

Living situation at time of assessment: *(Cat. 2)*

- | | |
|--|---|
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | <input type="checkbox"/> Owned by client, no housing subsidy |
| <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Owned by client, with housing subsidy |
| <input type="checkbox"/> Staying or living in a family member's room, apartment or house | <input type="checkbox"/> Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> Staying or living in a friend's room, apartment or house | <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) |
| <input type="checkbox"/> Rental by client, no ongoing housing subsidy | |
| <input type="checkbox"/> Rental by client, with ongoing housing subsidy | |

Rental Subsidy Type:

- GPD TIP housing subsidy
- VASH Housing subsidy
- RRH or equivalent subsidy
- HCV voucher (tenant or project based) detention (not dedicated)
- Public Housing Unit
- Rental by client, with other ongoing housing Subsidy
- Family Unification Program Voucher (FUP)
- Foster Youth to Independence Initiative (FYI)
- Permanent Supportive Housing
- Other permanent housing dedicated for formerly Homeless person

Institutional Setting:

- Psychiatric hospital or other psychiatric facility
- Hospital (non-psychiatric)
- Jail, prison, or juvenile facility
- Substance use treatment facility or detox center
- Long-term care facility or nursing home

Other: _____

Length of living situation in the place marked above:

- | | |
|---|---|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> 2-6 nights | <input type="checkbox"/> One year or longer |
| <input type="checkbox"/> One week but less than a month | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> One to three months | <input type="checkbox"/> Client refused |

If you stayed somewhere other than emergency shelter, a place not meant for human habitation, or a safe haven, will you have to leave this living situation within 14 days?

- Yes (answer next 4 questions)
 Client doesn't know (answer next 4 questions)
- No (skip next 4 questions)
 Client prefers not to answer (answer next 4 questions)

Have you found a new place to live?

- Yes
 Client doesn't know
- No
 Client prefers not to answer

Do you have resources or support networks to obtain other permanent housing?

- Yes
 Client doesn't know
- No
 Client prefers not to answer

Have you had a lease or other permanent place to live in the last 60 days?

- Yes
 Client doesn't know
- No
 Client prefers not to answer

Have you moved 2 or more times in the last 60 days?

- Yes
 Client doesn't know
- No
 Client prefers not to answer

Number of times/episodes you have been on the street, a place not meant for human habitation, in an emergency shelter, or on a motel voucher, or in a Safe Haven **in the past three years**, including today: _____ times

Number of months homeless on the street, a place not meant for human habitation, in an emergency shelter, on a motel voucher or in a Safe Haven **in the past three years**: _____ (not exceeding 36 months)

Cause(s) of homelessness or housing instability (at-risk):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Divorce/separation | <input type="checkbox"/> Domestic violence, sexual assault, and/or human trafficking | <input type="checkbox"/> Eviction | <input type="checkbox"/> Asked or forced to leave residence |
| <input type="checkbox"/> Loss of job | <input type="checkbox"/> Low income | <input type="checkbox"/> Rent increase | <input type="checkbox"/> Parole/incarceration |
| <input type="checkbox"/> Mental illness | <input type="checkbox"/> Substance Use Disorder | <input type="checkbox"/> Ran away | <input type="checkbox"/> Exiting foster care |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | |

Domestic Violence, Sexual Assault, and/or Human Trafficking

- Are you a survivor of domestic violence, sexual assault, and /or human trafficking? Yes No
- If yes, when did the last experience occur? _____
- Would you like a referral to a local victim services agency? Yes No
- Are you currently fleeing domestic violence, sexual assault, and/or human trafficking? Yes No

If yes to the question above, answer the following additional questions:

- How many times have you left or attempted to leave your abusive situation in the last 3 years? _____
- What is the approximate date that you began to make plans to look for housing to leave your current abusive situation? _____



FUP Eligible Family Yes No FUP Eligible Youth Yes No

***For public child welfare agencies only, FUP eligibility must be determined by the PCWA in your county.**

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 question asked during this assessment **for the purpose of providing a referral to Coordinated Entry Prioritization Lists?** 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 finding a permanent housing solution for you/your family?** Yes No Verbal

Victim service programs must also follow state and federal confidentiality laws and secure a VAWA-compliant Release of Information and Waiver of non-Disclosure in order to share information.

I want to be referred to the Coordinated Entry Priority Lists in the following area(s):

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Brown | <input type="checkbox"/> Kenosha | <input type="checkbox"/> Rock-Walworth |
| <input type="checkbox"/> Central | <input type="checkbox"/> Lakeshore | <input type="checkbox"/> Rural North |
| <input type="checkbox"/> Coulee | <input type="checkbox"/> North Central | <input type="checkbox"/> Southwest |
| <input type="checkbox"/> Dairyland | <input type="checkbox"/> Northeast | <input type="checkbox"/> Washington |
| <input type="checkbox"/> East Central | <input type="checkbox"/> Northwest | <input type="checkbox"/> Waukesha |
| <input type="checkbox"/> Fox Cities | <input type="checkbox"/> NWISH | <input type="checkbox"/> West Central |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Ozaukee | <input type="checkbox"/> WinnebagoLand |

I understand that I am responsible for my own transportation as necessary if I am offered housing services in another area. Yes No Verbal

I understand that being offered housing services in another area does not guarantee immediate access to housing or emergency shelter during housing search. Yes No Verbal

I understand that the information contained in 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. Yes No Verbal

Signature of Applicant _____ Date _____ Verbal

Signature of Agency Staff Member _____ Date _____
(signature or typed name of staff member filling out the form)

Name of Agency _____