

## 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 Clarity. 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

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## 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>	

Prioritization Assessment Questions	Prioritization Assessment Answers	Points/Scoring
<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. Last Grade Completed</b>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associates degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0 <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 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<b>3. At lease 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. Times homeless in the past three years</b>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times <input type="checkbox"/> Four or more times	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3

	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<b>9. Total months homeless in the past three years</b>	<input type="checkbox"/> One Month (this month is the first month) <input type="checkbox"/> Two Months <input type="checkbox"/> Three Months <input type="checkbox"/> Four Months <input type="checkbox"/> Five Months <input type="checkbox"/> Six Months <input type="checkbox"/> Seven Months <input type="checkbox"/> Eight Months <input type="checkbox"/> Nine Months <input type="checkbox"/> Ten Months <input type="checkbox"/> Eleven Months <input type="checkbox"/> Twelve Months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 3 <input type="checkbox"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0
<b>10. Number of times 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 <input type="checkbox"/> 0
<b>14. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?</b>	<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"/> 0 <input type="checkbox"/> 0 <input type="checkbox"/> 0

	<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"/> 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)		