

WI BALANCE OF STATE CoC Pre-Screen Form

Are you a victim or survivor of domestic violence, sexual assault, &/or human trafficking? Yes No

If yes, would you like a referral to a local victim services agency? Yes No

If yes, when did the last experience occur? _____

If yes, are you currently fleeing a domestic violence, sexual assault, &/or human trafficking situation? Yes No

What is the approximate date that you began to make plans to look for housing to leave your current abusive situation? _____

How many times have you left or attempted to leave your abusive situation? _____

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

List accommodations needed:

Do you need an interpreter? Yes No Language: _____

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

Self

Last Name	First Name	Middle	Relationship to HH	Gender	Disabled	Race	Ethnicity	D.O.B.

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

Phone Number: _____ Email: _____

Living situation **at time of assessment**:

- 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 (this is a specific type of supportive housing located in Waukesha County)

If one of the above situations, when did this homelessness experience start (not necessarily when you entered shelter)? _____

Living situation at time of assessment (continued):

- Hotel or motel paid for without emergency shelter voucher
- Staying or living in a family member's room, apartment, or house
- Staying or living in a friend's room, apartment, or house
- Rental by client, no housing subsidy
- Rental by client, with VASH housing subsidy
- Rental by client, with other housing subsidy (including RRH)
- Jail, prison, or juvenile detention facility
- Transitional housing for homeless persons (including homeless youth)
- Permanent housing (other than RRH) for formerly homeless persons
- Other: _____
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Residential project or halfway house with no homeless criteria
- Long term care facility or nursing home
- Rental by client with GPD or TIP subsidy
- Foster care home or foster care group home
- Hospital (non-psychiatric)
- Owned by client, no housing subsidy
- Owned by client, with housing subsidy

Length of living situation in the place marked above:

- One night or less
- 2-6 nights
- One week but less than a month
- One to three months
- More than three months, but less than one year
- One year or longer
- Client doesn't know
- 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)
- No (skip next 4 questions)
- Client doesn't know (answer next 4 questions)
- Client refused (answer next 4 questions)

Have you found a new place to live?

- Yes
- No
- Client doesn't know
- Client refused

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

- Yes
- No
- Client doesn't know
- Client refused

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

- Yes
- No
- Client doesn't know
- Client refused

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

- Yes
- No
- Client doesn't know
- Client refused

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: _____ (not exceeding 36 months)

Veteran Status Never in the Service Currently in the Service Veteran
Veteran Benefit Status Currently receiving Received in past but not now Never received

Cause of homelessness (check all that apply):

- Divorce/Separation
- Domestic violence
- Eviction
- Thrown out
- Loss of job
- Low income
- Mental illness
- Substance abuse
- Parole/incarceration
- Ran away
- Exiting foster care
- Rent increase
- Other

FUP Eligible Family _____ FUP Eligible Youth _____

**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 questions 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 (for domestic abuse victims) 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"/> Winnebago |

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 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.**

Yes No **VERBAL**

Signature of Applicant _____ Date _____

Signature of CoC Agency Rep _____ Date _____