

Wayne County Housing Needs Assessment and Referral

Name: _____ **Referring Agency (if any):** _____
Address: _____ **Intake Staff:** _____
 _____ **Agency Phone:** _____
Phone: _____ **Interview Date:** _____ **Time:** _____

Diversion Interview

The following set of questions is meant to assess whether a family can be diverted from or needs entry to emergency shelter. It is meant to be an exploration of the housing crisis and options available to the household.

1. How many people are in the household? ____ How many in household under the age of 18? ____

2. What type of assistance is the household requesting?

<input type="checkbox"/> Utility assistance to prevent disconnection	<input type="checkbox"/> Mortgage assistance to prevent foreclosure
<input type="checkbox"/> First month's rent to establish housing	<input type="checkbox"/> Security deposit to establish housing
<input type="checkbox"/> Rental assistance to prevent eviction	<input type="checkbox"/> Emergency housing (shelter)
<input type="checkbox"/> Help applying for SSI or other non-cash benefits	<input type="checkbox"/> Mediation (family, roommate, landlord)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

3. What is the household's current living situation? (*Adults and Unaccompanied Youth*)

- Emergency shelter (including motel voucher)
- Place Not Meant for Human Habitation: If so, where did client sleep last night? _____
- Facing Eviction: Rent: \$_____/month - No Subsidy VASH Non-VASH Subsidy
- Facing Foreclosure: Mortgage: \$_____/month
- Living with family Living with friends Jail, prison or juvenile detention facility
- Foster care Detox center
- Safe haven Psychiatric hospital Hospital (non-psychiatric)
- Motel without voucher Transitional housing Housing for formerly homeless (PSH, etc.)

4. What is the household's current housing status?

- Literally homeless – shelter or place not meant for habitation
(length of time homeless _____ # times homeless in past 3 years _____)
- Unstably housed and at risk of losing housing
 - Imminently losing housing
- Stably housed

5. How long has the household lived in this housing? (*Adults/Unaccompanied Youth*) _____

6. ZIP Code of Last Permanent Address: (*Adults and Unaccompanied Youth*)

7. Are the household members safe in their current living situation? No Yes

If no: why not? _____

Is there anyone else the household members could stay with for at least the next three to seven days, if they were able to receive assistance to make permanent housing arrangements?

Domestic violence victim/survivor? (*Adults only*) No Yes

If yes, how long ago? _____

If yes, are there other barriers to the household remaining in their current housing? _____

8. Has any member of the household ever served in the military? Yes No

9. Has any adult household member ever been convicted of a crime (felony or misdemeanor)?

Yes No

If yes, please explain who, what, when, and where:

10. Have any household members received income or monetary assistance in the past 30 days?

Yes No

11. What is the household's total monthly income? \$ _____ %poverty _____

12. Check the appropriate sources below, noting the amount per month, and start date for each.

Income Source	Whose Name	Amount	Start Date
<input type="checkbox"/> Alimony on other spousal support			
<input type="checkbox"/> Child support			
<input type="checkbox"/> Earned income			
<input type="checkbox"/> General assistance			
<input type="checkbox"/> SSDI			
<input type="checkbox"/> Pension from a former job			
<input type="checkbox"/> SSI			
<input type="checkbox"/> TANF			
<input type="checkbox"/> Private disability insurance			
<input type="checkbox"/> Retirement from Social Security			
<input type="checkbox"/> Self-employment wages			
<input type="checkbox"/> Unemployment insurance			
<input type="checkbox"/> Veteran's disability payment			
<input type="checkbox"/> Veteran's pension			
<input type="checkbox"/> Worker's Compensation			
<input type="checkbox"/> Other _____			

13. Did the household receive any non-cash benefits in the last 30 days? Yes No

If yes, which of the following non-cash benefits has the client received in the last 30 days?

Non-Cash Benefit Source	Whose Name	Amount	Start Date
<input type="checkbox"/> Food Stamps			
<input type="checkbox"/> Medicaid Health Insurance			
<input type="checkbox"/> State Children's Health Insurance			
<input type="checkbox"/> Medicare Health Insurance			
<input type="checkbox"/> Women, Infants and Children (WIC)			
<input type="checkbox"/> Veteran's Administration (VA) Medical			
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) Child Care Services			
<input type="checkbox"/> TANF Transportation Services			
<input type="checkbox"/> Other TANF-Funded Services			
<input type="checkbox"/> Section 8, Public Housing, or other Rental Assistance			
<input type="checkbox"/> Other Temporary Rental Assistance			
<input type="checkbox"/> Other _____			

14. Complete the chart below for all persons living in the client's household, including the head of household. *Race includes the following options: American Indian or Alaskan Native, Native/Hawaiian Other Pacific Islander, Asian, Black/African American, White, one or more, Other

Name	Relation to HoH	Gender	Date of Birth	Race*	Hispanic?	Social Security Number

Optional

15. Does the client have a documented disability of long duration (greater than three months)?
 Yes No

a. If yes, please choose a category under which the client's disability is classified:

- Physical/Medical
- Chronic Health Condition
- Developmental
- Severe Mental Illness* (i.e. schizophrenia, bi-polar, PTSD, recurrent depression)
- HIV/AIDS
- Alcohol Abuse*
- Mental Health*
- Drug Abuse*
- Both Alcohol and Drug Abuse*
- Other: _____

b. If client answers "yes" to any option above, please answer the following:

Is the client receiving treatment for this condition? Yes No

Notes: _____

c. If client answers "yes" to any starred (*) option above, please answer the following:

Is this condition expected to be of long-continued and indefinite duration and substantially impairs ability to live independently? Yes No

Notes: _____

16. Is any member of the household a registered sex offender? Yes _____ No

Self-Declaration Statement of Need

Case manager should use this space to explain specifically what type of assistance the client is requesting and why s/he is in need. Please explain what type of event occurred to cause this need. This is a requirement. Please be very specific.

Verbal permission to fax this document to services provider? Yes No

*Must obtain and attach valid release of information if transmitting information regarding drug, alcohol, or mental health disability status.

I certify that all application information is true and complete to the best of my knowledge. I understand that I will be required to provide THIRD-PARTY DOCUMENTATION of the above information at such time as I may be so notified by this Agency. I further understand that this Agency may obtain additional information regarding rental history, credit history and police records history. **Falsification of any documents will result in an automatic denial of emergency assistance funding.**

Applicant Signature: _____ **Date:** _____
(Or applicant's legal guardian)

Notes: _____

