

Iowa Balance of State Coordinated Entry Diversion/Prevention Screening Tool

Date of the Screening Interview ____/____/____

PRE-SCREEN QUESTIONS

- 1. Are you homeless or do you believe you will become homeless in the next 72 hours?** __ Yes __ No
HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- 2. Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?** __ Yes __ No
If yes to Question 2, clients are referred to DV resources and DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Entry Process. (Iowa Domestic Violence Hotline 1.800.770.1650)
- 3. Where did you sleep last night?** _____
- 4. Was it a safe location?** __ Yes __ No
*If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?"
If unsafe due to domestic violence, refer to DV services.*

PREVENTION/DIVERSION QUESTIONS

- 5. Why did you have to leave the place you stayed last night?** _____
- 6. Could you stay tonight at the same location?** __ Yes __ No
If no, skip to Question 9
- 7. What would you need to help you stay where you stayed last night again?**
Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)
- 8. Would it help if I contacted the person you stayed with? What is the best way to contact that person?**
Name _____ Phone _____
- 9. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?**
__ Yes __ No *If no, skip to Question 12*
- 10. What would you need to help you stay there?**
Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)
- 11. Would it help if I contacted that person you can stay with? What is the best way to contact that person?**
Name _____ Phone _____
- 12. Were you able to successfully divert this person(s) thru homeless prevention or other community resources?**
__ Yes __ No
If no, continue with Coordinated Entry Assessment and/or Project Entry.