

WI BALANCE OF STATE CoC Pre-Screen Form

Are you currently fleeing a domestic violence situation? Yes (*referral to a local DV agency needed?*) No

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

List Accommodations needed:

Do you need an interpreter? Yes No Language? _____

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

Head of Household (HH)	_____	_____	_____	_____	<input type="checkbox"/>	____/____/____
	Last	First	Middle I.	Gender	Disabled	Date of birth
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/>	____/____/____
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/>	____/____/____
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/>	____/____/____
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/>	____/____/____
Last Name	First Name	Middle	Relationship to HH	Gender	<input type="checkbox"/>	____/____/____

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

Telephone No: _____ Email: _____

Veteran Status Never in the Service Currently in the Service Veteran
Veteran Benefit Status Currently receiving Currently not receiving Never received

Living situation last night

- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Hotel or motel paid for without emergency shelter voucher
- Place not meant for habitation inclusive of "non-housing service site (outreach programs only)"
- Safe haven

If any of the above 4 are checked, approximate date started ____/____/____ **Required for housing placement

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Staying or living in a family member's room, apartment or house <input type="checkbox"/> Staying or living in a friend's room, apartment or house <input type="checkbox"/> Rental by client, no housing subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy <input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <ul style="list-style-type: none"> <input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab) <input type="checkbox"/> Psychiatric hospital or other psychiatric facility center <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Other _____ <input type="checkbox"/> Owned by client, no housing subsidy <input type="checkbox"/> Owned by client, with housing subsidy <input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Substance abuse treatment facility or detox |
|--|---|

Length of living situation in place marked above

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer

Estimate how much longer you expect to reside there

- Can't go back
- More than a year
- It's a day-by-day arrangement
- Until shelter/housing is received
- Less than 3 months
- 3 months to a year

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: 0-12 months (if 0-12, list number of months ____) More than 12 months

Cause of homelessness (check all that apply)

- Divorce/Separation
- Domestic Violence
- Eviction
- Thrown out
- Loss of job
- Low income
- Mental illness
- Substance abuse
- Parole
- Ran Away
- Rent increase
- Other _____

Housing Status

STAFF USE ONLY

- Literally homeless
- Unstably housed and at risk of losing housing (high risk)
- Imminently losing their housing
- Stably housed

Income Source

Gross Monthly Amt

- Child Support Yes No \$ _____
- TANF (W2 or W2T) Yes No \$ _____
- Employment Wages Yes No \$ _____
- SSDI Yes No \$ _____
- SSI Yes No \$ _____
- Unemployment Benefits Yes No \$ _____
- Pension / Retirement Yes No \$ _____
- Retirement Disability Yes No \$ _____
- Self-employment Wages Yes No \$ _____

Income Source

Gross Monthly Amt

- Workers Compensation Yes No \$ _____
- Social Security Yes No \$ _____
- General Assistance Yes No \$ _____
- Alimony Yes No \$ _____
- Veteran Non-Svc Conn Disability Yes No \$ _____
- Veteran Service Conn Disability Yes No \$ _____
- Other _____ \$ _____

TOTAL \$ _____

NO INCOME – Do you certify that you do not have any income from any source at this time?

- 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 in order to provide referral to other services?

- 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. **VERBAL**

Signature of Applicant _____ Date: _____

Signature of Agency Rep _____ Date: _____