

Emergency Solutions Grant (ESG) Program Homelessness Prevention (HP) Screening Form

SCREENING DATE (e.g. 1/08/2020)

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COUNTY

APPLICANT HEAD OF HOUSEHOLD

First Name

Last Name

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OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

STAGE 1: ELIGIBILITY FOR ESG HP

Eligibility Condition 1. Very Low-Income Status

Household size (all adults/children):	
Total Annual Gross Income from All Sources:	\$
50% of Area Median Income for Household Size:	\$

ESG STAFF DISPOSITION:

Is gross annual household income less than 50% Area Median Income for household size? YES NO
IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Eligibility Condition 2. COVID-19 Impact or Doubled-Up Housing Status

2A. Loss of Employment	Have you lost a job since March 15, 2020 as a result of the COVID 19 pandemic?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of job loss:
2B. Loss of Income	Have you lost income or experienced a large reduction of income since March 15, 2020 as a result of the COVID 19 pandemic?	<input type="checkbox"/> YES <input type="checkbox"/> NO Monthly income reduced by: If yes, date of income loss: If yes, amount of income loss:
2C. Doubled-Up Housing	Are you currently sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of move in:

STAFF DISPOSITION:

Does the applicant meet any of the criteria above? YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Eligibility Condition 3. Imminently At-Risk of Literal Homelessness

3A: Imminent Housing Loss

Next, we need to know some details about your current housing situation so we can understand how best to assist you.

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?

Identify the primary place where applicant is staying (check only one):

- 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 ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Hospital or other residential non-psychiatric medical facility*
- Long-term care facility or nursing home*
- Jail or prison*
- Residential project or halfway house with no homeless criteria*
- Psychiatric hospital or other psychiatric facility*
- Substance abuse treatment facility or detox center*
- Other (describe): _____

*If staying in institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, Safe Haven, or on the street prior to institution entry. Such individuals are considered literally homeless and should instead be screened Rapid ReHousing assistance.

Staff Note: Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be referred to the KY Balance of State Coordinated Entry System and screened for RRH assistance.

Do you have to leave this place (or the place you normally stay)? YES NO N/A

[Staff Note: Briefly describe reasons why applicant has to leave current place they are staying and obtain copy of any written documentation.]

If yes, what's causing you to have to leave? How long can you continue to stay there?

Identify why the applicant must leave the primary place they are staying (check only one):

- Court-ordered eviction notice to vacate rental unit
- Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit) due to nonpayment (arrear)
- Written or verbal notice from family, friend or host to leave doubled-up housing
- Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)
- Insufficient resources to continue to pay for hotel or motel
- Other (describe): _____

By what date must the applicant leave the primary place they are staying: / /

[Staff Note: Date of loss of right to occupy must be within 21 days of date of application, or housing loss notice within 14 days to be eligible for HP assistance.]

May I contact your current [landlord, host family/friend, other] to see if we can negotiate a solution so you can continue to stay there OR stay there while you find another place to live? YES NO N/A

STAFF DISPOSITION:

Is applicant imminently losing their current primary nighttime residence? YES NO N/A

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

3B: Other Housing Options & Resources	<i>We would like to know if you have any other safe and appropriate place to stay – either permanently OR while you look for other housing. We would also like to know if you have family, friends or others you know that may be able to help you financially.</i>
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[Staff Note: Discuss and record below a summary related to each of the following potential housing options and sources of assistance: 1) family members or relatives; 2) close or trusted friends; and 3) faith-based group or network applicant associates with. Where appropriate, ask if a potential housing option can be contacted by you to help secure housing. Attach additional notes as necessary.

Do you have a safe, appropriate place where you could live if you lose your current home? Let's talk about different types of options and whether any of these might be available to you as a safe, appropriate place to live, either permanently or while you seek other housing on your own. Let's start with family members and relatives...

If you're unsure if relatives, friends or others could help OR if there are any people or groups you have NOT contacted for help, but you think might be willing to assist you...

Would you be willing to contact them OR may I contact them to find out if they can provide you with a place to stay, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends or other groups (faith-based, social, etc.) that might be able to help.

YES NO NOT SURE

If YES, who should be contacted?

Name	Relationship to you	Phone number or email

Does applicant have other safe/appropriate housing options and/or resources sufficient to avoid literal homelessness? YES NO

3C: Financial Resources	<i>We would like to find out if you have any funds or if there is other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing.</i>
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Approximately how much money would you need to pay immediately in order to keep your housing OR obtain other housing? \$

Do you have any funds or other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing?

Approximately how much money do you currently have available in savings, assets or other accounts? \$

Do you have enough money to pay for your current housing costs, including any rent or utility arrears? YES NO NOT SURE

Are there other community resources you've applied for, such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or other local emergency assistance programs? YES NO NOT SURE

Can we help provide information about other resources? YES NO

If YES, identify each resource:

Resource	Potential Assistance Available	Disposition (e.g., information & referral provided; contacted and not available; etc.)

<p>STAFF DISPOSITION: Briefly summarize efforts and discussion related to financial resources and whether other (non-ESG) financial resources are available to avoid literal homelessness. If they will lose housing <i>regardless</i> of their own financial resources or other financial assistance, explain.</p>		
<p>Does applicant have enough financial resources to avoid literal homelessness? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Housing loss occurring regardless of financial resources) IF "YES", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.</p>		
<p>Stage 1: Eligibility Disposition</p>		
<p>ELIGIBLE: Meets all eligibility requirements above</p>	<input type="checkbox"/> CONTINUE TO STAGE 2	
<p>NOT ELIGIBLE: Does not meet one or more eligibility requirements</p>	<input type="checkbox"/> STOP (Community resources and referrals provided)	

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STAGE 2: TARGETING

TARGETING CRITERIA Use the following criteria to identify if the eligible applicant household is also a priority for homelessness prevention financial assistance. Check each condition that is true for the applicant.	Check if Applicable	Point Value	TOTAL POINTS (enter value for each box that is checked)
URGENCY OF HOUSING SITUATION (May indicate more urgent need for homelessness prevention assistance)			
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation.	<input type="checkbox"/>	5	
Current housing loss expected within... (select only one)			
0-6 days	<input type="checkbox"/>	5	
7-13 days	<input type="checkbox"/>	4	
14-21 days	<input type="checkbox"/>	3	
POTENTIAL BARRIERS AND VULNERABILITIES (May impact ability to quickly secure housing and resolve literal homelessness independently if household is not assisted and becomes literally homeless)			
<u>Current</u> household income is \$0 (i.e., not employed, not receiving cash benefits, no other <u>current</u> income)	<input type="checkbox"/>	7	
<u>Annual</u> Household Gross Income Amount (select only one)			
0-14% of Area Median Income (AMI) for household size	<input type="checkbox"/>	5	
15-30% of AMI for household size	<input type="checkbox"/>	3	
31-50% of AMI for household size	<input type="checkbox"/>	2	
In the last six months, have you accessed supports from any churches, other faith groups, or a non-profit organization to get supports to stay housed such as financial assistance, help working things out with a landlord, re-locating from one apartment or home to another because where you had been staying was unsafe, or anything like that?	<input type="checkbox"/>	3	
Have other members of your family or friends provided emergency financial assistance to you in the last three years to help you stay housed like helping you with rent, paying off arrears, paying a utility company to keep your lights on or anything like that, where they still expect you to pay them back but you have not been able to?	<input type="checkbox"/>	3	
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months	<input type="checkbox"/>	3	

Rental evictions within the past 7 years (select only one) [Staff Note: Only include formal eviction actions (i.e., Notice to Quit) taken by a landlord due to lease non-compliance and that ultimately resulted in loss of rental housing.]			
4 or more prior rental evictions	<input type="checkbox"/>	5	
2-3 prior rental evictions	<input type="checkbox"/>	4	
1 prior rental eviction	<input type="checkbox"/>	3	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	<input type="checkbox"/>	3	
History of Literal Homelessness (street/shelter/transitional housing) (select only one)	<input type="checkbox"/>		
4 or more times or total of at least 12 months in past three years	<input type="checkbox"/>	5	
2-3 times in past three years	<input type="checkbox"/>	4	
1 time in past three years	<input type="checkbox"/>	3	
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/>	3	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	<input type="checkbox"/>	4	
Registered sex offender	<input type="checkbox"/>	5	
Poor credit history	<input type="checkbox"/>	2	
At least one dependent child under age 6, or, if female, currently pregnant	<input type="checkbox"/>	3	
Single parent with minor child(ren)	<input type="checkbox"/>	3	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	<input type="checkbox"/>	3	
Currently living in an overcrowded situation (which means there are too many people living in the home for the amount of space you have), and where there are arguments or conflicts because of the overcrowding.	<input type="checkbox"/>	3	
TOTAL POINTS			

Stage 2: Targeting Disposition	
Meets Targeting Threshold Approved Targeting Threshold Score: []	<input type="checkbox"/> Assess rental assistance need in Stage 3 and continue with ESG HP enrollment <input type="checkbox"/> OR warm hand off referral if no capacity
Does Not Meet Targeting Threshold	<input type="checkbox"/> Housing Services only- No financial assistance <input type="checkbox"/> Referral to other community resources:

STAGE 3: RENTAL ASSISTANCE NEED

1. What is your current monthly rent?	Amount: \$ _____
2. Are you current on your rental payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. If "no" to #2, when did you last pay rent in full?	Date: _____
4. If "no" to 2, have you been making partial rental payments since rent last paid in in full?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If "no" to #2, have you incurred late fees that are unpaid?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If "no" to #2, how my much do you currently owe in total back rent and late fees?	Amount: \$ _____
7. If your back rent and late fees owed are paid, can you pay your rent without further assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. If "no" to #7, can you contribute 30% of your current income to a monthly rent payment as required by this program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. Are you current on your utility bills?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. If "no" to #9, have you applied for utility assistance from the Community Action Agency (CAA) serving your area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Have you received a notice of pending utility cut off?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, date of cut off: _____

STAFF DISPOSITION:

- If "yes" to #7, provide only back rent and late fees assistance for debt incurred since April 1, 2020.
- If "no" to #9 and #10, provide referral to the client's CAA.
- If 'yes" to #11, evaluate client need for emergency utility assistance with ESG funds until other utility assistance can be secured.
- Alert clients needing ongoing rental assistance that only 3 months of assistance are guaranteed. Clients will be reassessed after three months for ongoing assistance if funding available.