***NWCOC Diversion and Rapid Resolution Assessment (Revised 2-2-23)***

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| --- | --- | --- | --- |
| *Assessor’s Name* | *Assessment Location* | *Assessor’s Organization* | *Assessment Date* |
|  |  |  |  |

*I appreciate you telling me about your situation and how we could best be of service to you. Would you mind if I ask you a few more questions to help me provide the best possible service today?* ***(Pause for Response)*** *I cannot guarantee that we will be able to provide you with services today, but I will do my best to offer you what services are available and that you are eligible for. I will be entering your information into our data system, but will ask your consent prior to sharing or referring you to another agency. Could you start by telling me your name?*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***First Name (HOH)*** | | ***MI*** | | ***Last Name*** | | | ***Date of Birth*** | | ***Gender Select from drop-down below or \*See Answer Key*** | |
|  | |  | |  | | |  | | Choose an item. | |
| Preferred Pronouns: | | Choose an item. | | | | | | | | |
|  | | **Additional Household Members must be included in this assessment. Add them in the table at the end of this assessment.** | | | | | | | | |
| Are any household members currently pregnant?  Yes  No | | | | | | | If yes, what is the projected due date? | | | |
| Are you or any HH member an enrolled member of a Native American tribe?  Yes  No | | | | | | | If yes, of which tribe are you a member? \*see Answer Key or choose from drop-down  Choose an item. | | | |
| Are you a veteran of the United State Military?  Yes  No | | | | | | | | | | |
| Household Type? | | | Single  Family  Youth-Family  Youth-Single | | | | | | | |
| **Total Persons** | **#** | | | | **Adults (18+)** | **#** | | **Child (U17)** | | **#** |

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| ***What is your current housing situation? (Check the box for the most accurate selection)*** | | |
| Are you seeking housing due to concern for your safety or fear of violence or abuse from another person staying with you? | | Yes No |
| Unhoused (Literally Homeless)  Staying in unsafe housing  Staying with family or friends (Doubled-up)  Fleeing Domestic Violence | ***Refer to CES assessment or complete Rapid Resolution assessment. If needed, refer to emergency shelter or domestic violence resources as well.*** | |
| Staying in your own housing | ***Refer to either mainstream resources or complete Step 3A: MPAT, depending on how long person can stay.*** | |

| ***How long are you able to stay in your current housing situation? (Check the box for the most accurate selection)*** | | | |
| --- | --- | --- | --- |
| 0 Days  1-3 Days  4-7 Days  8-14 Days | ***Refer to prevention services, unless assessor determines client will become homeless. In that case, refer to Housing Access for Coordinated Entry assessment or complete Rapid Resolution assessment. If the client cannot stay in their current housing situation for another night, refer to emergency shelter.*** | | |
| 15-30 Days  31+ Days | ***Refer to mainstream resources or complete Step 3A: MPAT to assess for prevention services.*** | | |
| **Have you received an eviction notice?** | | Yes  No | ***If yes, follow steps for needing to leave within 14 days.*** |
| **If you stay where you are, could your friends or family be evicted?** | | Yes  No | ***If yes, follow steps for needing to leave within 14 days.*** |

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| **D**oes the client have Income from any source? □ Yes □ No □ Client doesn’t know □ Client refused □ Data not collected | | | | | | | |
| ***HMIS Tips: Enter income using the HUD Verification tool. Start date is the project start date. “Receiving income source” will remain “yes,” even if income ends.*** | | | | | | | |
| **Monthly Income:** |  | | *Monthly amount* |  |  |  | *Monthly amount* |
| Earned Income | □ Y □ N □ DNC | $ | |  | General Assistance | □ Y □ N □ DNC | $ |
| Unemployment Insurance | □ Y □ N □ DNC | $ | |  | Retirement Income From Social Security | □ Y □ N □ DNC | $ |
| SSI | □ Y □ N □ DNC | $ | |  | VA Non-Service Connected Disability Pension | □ Y □ N □ DNC | $ |
| SSDI | □ Y □ N □ DNC | $ | |  | Pension or retirement income from another job | □ Y □ N □ DNC | $ |
| VA Service Connected Disability Compensation | □ Y □ N □ DNC | $ | |  | Child Support | □ Y □ N □ DNC | $ |
| Private Disability Insurance | □ Y □ N □ DNC | $ | |  | Alimony or Other Spousal Support | □ Y □ N □ DNC | $ |
| Worker’s Compensation | □ Y □ N □ DNC | $ | |  | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Y □ N □ DNC | $ |
| TANF | □ Y □ N □ DNC | $ | |  |
| **c. Total monthly income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_.00 | | | | | | |  |

***Use the Rapid Resolution Assessment for the following situations.***

***1. Assessor determines that with light-touch or short-term assistance (e.g. security deposit, first month’s rent) the client can achieve long term housing stability. Assessor believes that less than three (3) months of assistance is needed.***

***2. The clients previously answered questions regarding housing situation determine the client is eligible for rapid resolution.***

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| ***Rapid Resolution (0 – 3 months assistance to stabilize a homeless individual or family)*** | | |
| ***Use the following questions along with the rest of the assessment to determine person with the highest vulnerability to be prioritized for services in accordance with the guiding values for prioritization established by the NWCoC.*** | | |
| *Have you experienced discrimination in your community based on (medical diagnosis, disability, race, religion, gender, or sexual orientation)? Has that impacted your ability to find housing?* | *Yes*  *No* | *Due to discrimination client is unable to: (examples)*   * *Get a job* * *Find a landlord* * *Access shelter* |
| *Have your interactions with institutional settings created barriers for you to find housing?* | *Yes*  *No* | *Due to institutional settings: (examples)*   * *ACES, trauma related to finding housing* * *Felony / Criminal Record* |
| *Are your current (within last two weeks) health and emotional needs being met?* | *Yes*  *No* | *Health Needs: (Examples)*   * *Unable to see therapist* * *Cannot attend physical therapy to get back to work* |

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| ***Assessor Determination*** | |
| Client is homeless or will become homeless without housing, including supportive services. | ***Refer to Housing Access for Coordinated Entry assessment. Refer to emergency shelter if needed. Only if diversion/prevention assistance is not feasible.*** |
| Client is a doubled-up youth. (16-24 years old)\* |
| Client could stay in housing with prevention services. | ***Refer client to MPAT and provide intervention if able.*** |
| Client could solve crisis with a Rapid Resolution. | ***Offer client short-term housing assistance. (Less than 3 months)*** |
| Client has safe housing, cannot receive prevention services, and does not want supportive housing. | ***Refer to mainstream resources identified in Step 1. If looking for new housing, refer to PHA for Housing Choice Voucher.*** |
| ***Please Note: Referral to Housing Access Assessment is the least desirable outcome for agencies and the client as very few people are able to be housed from Coordinated Entry. (This may differ by location across NW CoC.)*** | |

**Contact Information**

*Could you provide me with your best available contact information and let me know how you would like to be contacted?*

|  |  |
| --- | --- |
| Phone Number (where you can be reached or where a message can be left) |  |
| E-mail where you can be reached or where a message can be sent: |  |
| Social media service and account name (e.g. Facebook) |  |
| Mailing address where you can reliable receive mail |  |
| Preferred Contact Method | Phone  Text E-mail Social Media Physical Location |
| Has the client completed the HMIS Release of Information? | Yes No |
| Has the client completed the Case Conferencing Release of Information? | Yes No  **Date:** |

***ADDITIONAL HOUSEHOLD MEMBERS***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First Name | MI | Last Name | Relationship to HoH | Date of Birth | Soc. Sec. # | Gender (Select from drop-down below or See Answer Key) | Race |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |
|  |  |  | Choose an item. |  |  | Choose an item. | Choose an item. |

To add additional HH members, use assessor note area below.

***Assessor Notes*** (please enter into CES) *Please provide any notes that will assist you and the community to best serve the client.*

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