**Intake Screening Form**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Intake by: |  |

**Eligibility**

|  |  |  |
| --- | --- | --- |
| Fleeing domestic violence: Yes No | Active warrants: Yes No | Child under 18: Yes No |
| Contact number (in case disconnected): |  |  |

*Introduce self, describe the Diversion and Shelter programs depending on current availability, then strive to obtain the following information through open-ended conversational questions. Reminder: Diversion services include mediation, advocacy (e.g., with landlords), and potential financial assistance.*

**Head of Household**

|  |  |
| --- | --- |
| Name: | DOB: |
| Email: |

**Current Housing Situation –** *Must have temporary place to stay to be eligible for diversion*

|  |  |  |
| --- | --- | --- |
| Where did you stay last night? |  |  |
| Address? |  |  |
| Do you have a lease in your name? Yes No | If so, pending eviction? Yes No |  |
| Can you stay where you are? If not, why not? |  |  |
| Do you have any housing leads? If so, what? |  |  |
|  |  |  |

**Income and Public Assistance**

|  |
| --- |
| Job/Wages: Describe: |
| SSI/SSDI: For whom? |
| Child support: Frequency/reliability? |
| Current savings: | Expected income (e.g., tax refund)? |
| Medicaid/care: | SNAP/WIC: |  |
| TANF: | Unemployment: | Other: |

**Decision?**

|  |  |
| --- | --- |
| **Status: Accepted Denied** | **Appointment (leave blank if immediate by phone):** |
| **Transportation needed:****(if own car, describe)** |  |