

HOUSING CRISIS TRIAGE

COORDINATED ACCESS, REFERRAL, ENTRY AND STABILIZATION (CARES) SYSTEM

Updated 01/2021



"I understand that you are experiencing a housing crisis. I am going to ask you a few questions related to your housing status to help identify the best referrals to make that may help resolve for your situation."

ELIGIBILITY TRIAGE (Initial responder)

This section serves as an initial triage to direct households who are unsafe to law enforcement and victim service providers, persons from outside of the region to their local resources, and veterans to veteran's resources they may be eligible for. Additionally, this section can also initially divert persons who can likely resolve their crisis on their own with the lightest touch of information and referrals to mainstream resources.

1. *"Are you seeking assistance due to concern for your safety, fear of violence, or abuse from someone staying with you?"* No Yes

If yes, ask, *"Are you currently safe?"*

- No If no, ask if you can refer to law enforcement (call 911 if immediate safety is a concern) or the local victim service provider. Skip the additional questions and assure immediate safety.
- Yes Continue to the next question.

2. *"In what city or county are you currently experiencing your housing crisis in?"* _____

- If in your service area, proceed to next question, **OR**
- If outside of service area ask, *"Are you seeking assistance here to be near children, for employment, or medical reasons?"*

- No Inform the person that resources are limited and currently prioritized for individuals who are currently located in the region. Refer to appropriate region/city. If they identify a desire to move to service area, encourage them not to relocate reiterating that resources will not be guaranteed and encourage them to contact their local coordinated entry access site.
- Yes Continue to the next question.

3. *"Are you a United States Veteran?"*

- No Proceed to next question.
- Yes Declined referral. Proceed to next question.
- Yes Referral made to VA/County VSO, MAC-V/SENDCAA-SSVF

4. *What is your current housing crisis?*

High Risk	Imminent Risk	Moderate Risk	Low Risk
<input type="checkbox"/> Unsheltered <input type="checkbox"/> Exiting institution w/in 14 days w/out housing identified <input type="checkbox"/> Doubled-up/couch hopping <input type="checkbox"/> In shelter/TH*	<input type="checkbox"/> Court eviction scheduled <input type="checkbox"/> Eviction received; no court scheduled	<input type="checkbox"/> Late on rent <input type="checkbox"/> Utility disconnects <input type="checkbox"/> Currently in institution or treatment setting w/ no housing identified at exit (Note: eligible for Bridges) Date of exit: _____	<input type="checkbox"/> All other self-defined housing crises
Boxes checked above should proceed to full diversion screen for shelter & prevention assistance prioritization.		Boxes checked above should result in mainstream resources linkage or light touch prevention assistance.	









5. *"Besides housing resources, are there other resources you are seeking support with today?"*





Check all that apply on the [RESOURCE CHECKLIST](#) or have the person check themselves if conducting face-to-face interview. Use the answers to question 4 above and any additional risk factors from the checklist to determine household risk level.

- **Low or Moderate Risk:** Proceed to [ACCESS RECEIPT](#) or 211 referral process but first ask, *"Before I refer you to the resources you identified, is there other services or resources I can help you with today?"* Add additional information to [RESOURCE CHECKLIST](#). If additional information on urgency of housing crisis is identified, proceed to next section, **OR**
- **High or Imminent Risk:** Continue to the [DIVERSION/PREVENTION](#) Section. (211 make live transfer to Presentation Partners in Housing in Fargo/Moorhead area only). Note: Some Moderate Risk may also proceed if mainstream/community referrals cannot resolve their crisis.

RESOURCE CHECKLIST

Now, I want to go over a few basic needs that many individuals in a housing crisis might face. I recognize that not all of these may apply to you, but there are resources that may help you. Please check what you need or want, then identify what you have tried and when (date) to try and resolve your housing crisis.

	Needs	Tried	Did this/how could this help?	Housing or Shelter	
	<input type="checkbox"/>	<input type="checkbox"/>		Emergency shelter- <i>if unsheltered or fleeing</i>	
	<input type="checkbox"/>	<input type="checkbox"/>		Help responding to eviction notice	
	<input type="checkbox"/>	<input type="checkbox"/>		Help with past due rent	
	<input type="checkbox"/>	<input type="checkbox"/>		Help resolve issues with landlord or roommate	
	<input type="checkbox"/>	<input type="checkbox"/>		Help exiting an institution with no housing	
	<input type="checkbox"/>	<input type="checkbox"/>		Deposit assistance	
	<input type="checkbox"/>	<input type="checkbox"/>		Public housing subsidy	
	Needs	Tried	Did this/how could this help?	Safety	
	<input type="checkbox"/>	<input type="checkbox"/>		Help fleeing violence or trafficking	
	<input type="checkbox"/>	<input type="checkbox"/>		Help relocating to a safe place	
	Needs	Tried	Did this/how could this help?	Food	
	<input type="checkbox"/>	<input type="checkbox"/>		Food basket	
	<input type="checkbox"/>	<input type="checkbox"/>		Food stamps	
	<input type="checkbox"/>	<input type="checkbox"/>		Onsite meals	
	Needs	Tried	Did this/how could this help?	Veterans Assistance	
	<input type="checkbox"/>	<input type="checkbox"/>		Help applying for or restoring benefits	
	Needs	Tried	Did this/how could this help?	Health	
	<input type="checkbox"/>	<input type="checkbox"/>		Physical healthcare	
	<input type="checkbox"/>	<input type="checkbox"/>		Dental care	
	<input type="checkbox"/>	<input type="checkbox"/>		Eyecare	
	<input type="checkbox"/>	<input type="checkbox"/>		Mental health treatment/counseling	
	<input type="checkbox"/>	<input type="checkbox"/>		Chemical dependency treatment/counseling	
	<input type="checkbox"/>	<input type="checkbox"/>		Do you have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/>	<input type="checkbox"/>		If so, are you on MA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Needs	Tried	Did this/how could this help?	Financial	
	<input type="checkbox"/>	<input type="checkbox"/>		Help paying past due utilities	
	<input type="checkbox"/>	<input type="checkbox"/>		Help restoring utility shut-off	
	<input type="checkbox"/>	<input type="checkbox"/>		Credit Repair	
	<input type="checkbox"/>	<input type="checkbox"/>		Representative Payee	
	<input type="checkbox"/>	<input type="checkbox"/>		Apply for benefits (SSI, TANF, MA)	
	Needs	Tried	Did this/how could this help?	Education/Employment	
	<input type="checkbox"/>	<input type="checkbox"/>		Finding or maintaining employment	
	<input type="checkbox"/>	<input type="checkbox"/>		Staying in, enrolling, or succeeding in school	
	<input type="checkbox"/>	<input type="checkbox"/>		Other employment assistance	
	Needs	Tried	Did this/how could this help?	Advocacy/Support	
	<input type="checkbox"/>	<input type="checkbox"/>		Legal advocacy	
	<input type="checkbox"/>	<input type="checkbox"/>		Case Management	

	Needs	Tried	Did this/how could this help?	Transportation
	<input type="checkbox"/>	<input type="checkbox"/>		Help fixing a vehicle
	<input type="checkbox"/>	<input type="checkbox"/>		Help affording public transportation
	Needs	Tried	Did this/how could this help?	Identification
	<input type="checkbox"/>	<input type="checkbox"/>		Help obtaining an ID
	<input type="checkbox"/>	<input type="checkbox"/>		Help obtaining a birth certificate
	Needs	Tried	Did this/how could this help?	Childcare
	<input type="checkbox"/>	<input type="checkbox"/>		
	Needs	Tried	Did this/how could this help?	Other – <i>Please list</i>
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

Please circle the top three resources you want to connect to.

HOUSEHOLD DEMOGRAPHICS SECTION

This section collects basic demographics.

“Before I ask you some additional questions about your need and eligibility, I am going to ask basic questions about your household composition and the best way to contact you.”

<i>“What are the names, ages, and gender of all household members seeking shelter?”</i> NAMES (First & Last)	GENDER	Date of Birth	Check if over 65	Are you a US Veteran?	Does anyone in your family have a verifiable disability?	Have you been homeless 4 x in the past 3 years or for 1 year or longer?
HH (from above):		__/__/__	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
2 nd adult:		__/__/__	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
# of dependents: _____						
1.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	
2.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	
3.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	
4.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	
5.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	
6.		__/__/__			<input type="checkbox"/> No <input type="checkbox"/> Yes	

1. *“Are you or anyone in your household currently pregnant?”*

- No
 Yes Approximate due date __/__/__

2. *CONTACT: What is the best way to contact you?*

- a. Phone #: _____ 2nd phone #: _____
b. Is it ok to text you? No Yes Is it ok to leave a message? No Yes
c. Address: _____ City: _____ St: _____ Zip: _____

DIVERSION SECTION

This section is used to facilitate a problem-solving process. Use motivational interviewing skills (clarifying questions) when going through each question to guide the household in identifying what personal strengths, relationships, assets, and resources they can use to help resolve their housing crisis AND to help identify what has been tried, what support is needed, and what obstacles prevent them from utilizing personal, community, and mainstream resources.

1. *“I will now ask you some specific questions about your situation to help you identify possible solutions. We will discuss options in addition to shelter or financial assistance because these resources are limited and other things may help you resolve your crisis more easily. These questions should only take about 10-15 minutes. Please ask me to slow down or repeat something if you have questions. I will enter your information in our database but need your consent in order to share your information with other agencies who may have resources to help you.”*

2. *“Before I go any further, do I have your permission to share your information?”*

- No Yes

If No, still proceed, but clarify that you cannot make a referral without sharing information so the person will need to follow-up themselves, then request consent again.

3. *“What caused you to seek assistance today (why not yesterday, tomorrow, or next week) and what solutions are you hoping to achieve to make your situation better?”*

4. If not identified previously ask, *“Where have you been staying?”* Check appropriate box(es).

Unsheltered (skip next question)	Sheltered/At imminent risk	
<input type="checkbox"/> Outside/park/campground	<input type="checkbox"/> Emergency or DV shelter	<input type="checkbox"/> Own apartment/house/trailer
<input type="checkbox"/> Building not meant for habitation	<input type="checkbox"/> Motel paid by agency	<input type="checkbox"/> With a family member or friend
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Hospital or treatment facility	<input type="checkbox"/> Motel paid by self, family, friend
<input type="checkbox"/> Home without utilities	<input type="checkbox"/> Jail, prison, or detention center	<input type="checkbox"/> Other: _____

5. *“Can you safely stay there again, or do you have other options for a safe place to stay for a few nights?”*

<input type="checkbox"/> No	<input type="checkbox"/> Yes
<i>“What issues exist with you staying there longer?”</i>	<i>“Good, how long are you able to stay there?”</i>
<i>“What could help you safely stay there longer?”</i>	<i>“What could help you safely stay there longer?”</i>

6. *“Now, let’s identify if there is anyone else who you can turn to for support.”* (Utilize the CIRCLES OF SUPPORT worksheet as needed to answer.)

<i>“Who are 3 people who you could possibly turn to for support?”</i>	<i>“How could they help you?”</i> (You could stay there a couple days, borrow \$, etc.)	<i>“What is preventing them from helping?”</i> (Afraid to ask, they are mad at me, etc.)
1.		
2.		
3.		

7. *“Is there anyone else who could provide you support or that you could stay with temporarily?”*

<input type="checkbox"/> No	If no, conduct SHELTER SCREEN
<input type="checkbox"/> Yes	Other housing options:
	What resources would you need to stay there?

8. *“Using the RESOURCE CHECKLIST and thinking of people you could potentially ask for support, what are your top 3 priorities to resolve your situation?”*

<i>“What are your top priorities?”</i>	<i>“What steps do you need to take to achieve your priorities?”</i>	<i>“If any, what help might you need to complete these steps?”</i>
1.		
2.		
3.		

9. *“Do you have a disability of long duration including mental health, substance abuse disorder, or physical injury that affects one of the following: your ability to communicate, your mobility, your decision-making, or your ability to manage challenging behaviors?”* No Yes (MN, refer to HSS)

- If yes, was your diagnosis a mental health disorder?* No Yes (refer to Bridges & HSS)

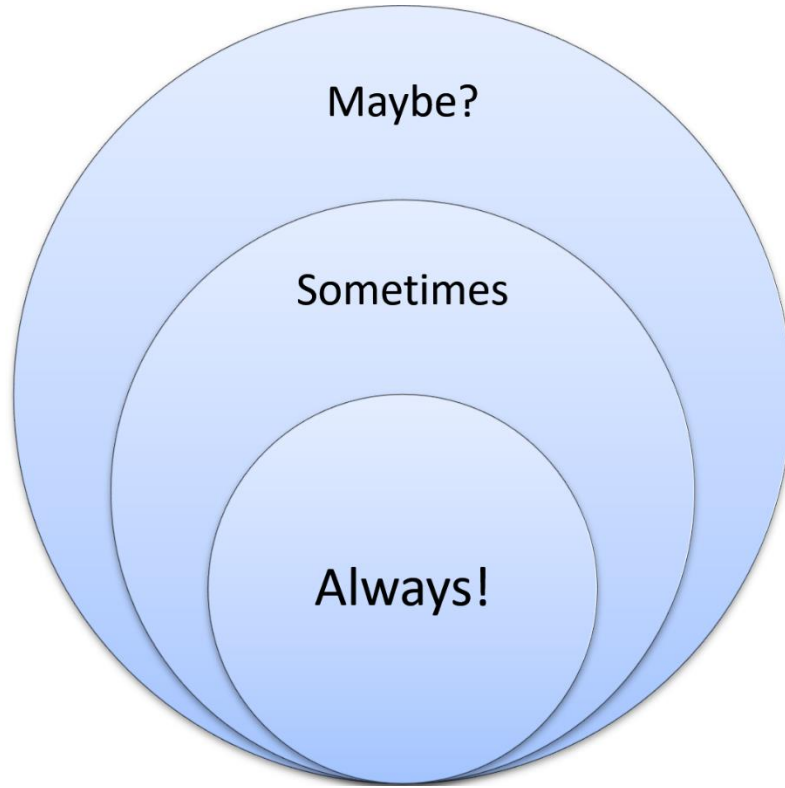
If yes to either, answer Administrative questions to determine MN HSS eligibility (Fargo/Minnesota only)

“That is the end of my questions. Based on the information you provided,” check the appropriate one:

- SHELTER:** *“I would like to ask you some additional questions related to identifying how to prioritize you for available emergency shelter beds/motel vouchers. Please note this is not a guarantee of shelter as resources are limited. Are you interested in proceeding?”* No Yes (proceed to SHELTER PRIORITIZATION)
- PREVENTION:** *“I would like you to ask you some additional questions to see how your situation can be prioritized for prevention resources. Please note this is not a guarantee of financial assistance as resources are limited. Are you interested in proceeding?”* No Yes (proceed to PREVENTION PRIORITIZATION)
- SELF-RESOLVE:** *“I will provide you with a list of referrals that I think may be useful and that you may be eligible for based on your answers. Some of the referrals you can make yourself and others I can make on your behalf if you feel you cannot do so yourself.”* (proceed to ACCESS RECEIPT)

CIRCLES OF SUPPORT WORKSHEET

Who is in my circle? *“List the names of any friends, family or acquaintances who are important to you.”*



Who needs to stay out of my circle? *“List the names of those close to you but who you don’t want in your circle, maybe because they hurt you physically or emotionally.”*

List 1 to 3 people from your circle who you could possibly rely on for assistance in your crisis

Name	How could they help me?	What is stopping them helping me?

EMERGENCY SHELTER PRIORITIZATION

This section is used to prioritize limited emergency shelter vouchers and beds. Sub-regions may adapt this section based on eligible shelter resources.

“Based on the information you provided, you may be eligible for emergency shelter services. However, I first need to assess whether you are eligible for emergency shelter or voucher services.”

If not provided earlier, *“Do you give me permission to share your information to make a referral for safe shelter?”* No Yes

3. *COVID-19 screening. Please answer yes or no to the following.* If YES to any, refer to Q&I Shelter.

- a. *“Have you traveled out of the country within the last month?”* No Yes
- b. *“Have you traveled out of the state within the last week?”* No Yes
- c. *“Are you currently experiencing a cough, fever, and or shortness of breath?”* No Yes

4. *“Do you have any special needs/circumstances for sheltering?”* No Yes

5. *“Is any member of your household a registered sex offender?”* No Yes

6. *“Does any member of your household have a compromised immune system?”* (i.e. cancer, HIV, AIDS, Hepatitis, etc.) No Yes

7. *“Have you been convicted of any violent crimes within the past 2 years?”* No Yes

8. *“What is the date you are needing shelter?”* _____

“Thank you for your time.”

- NOT eligible *“You are currently no eligible for emergency shelter, but please check back if your situation changes. I encourage you to seek other mainstream services to resolve your situation.”*
- Immediate opening *“You are eligible and can immediately be referred to _____ emergency shelter. You can check in at the shelter at _____. Do you have any questions?”*
- Prioritization List *“You are eligible for shelter but there is no current openings. You will be placed on a list and contacted when a bed comes available. Please be sure your contact information is up-to-date and that you are checking for messages from us or the shelter. I encourage you to seek other options to resolve your situation while you wait. Do you have any questions?”*

“Where can we contact you when a shelter space is available?”

- a. Phone #: _____ 2nd phone #: _____
- b. Is it ok to text you? No Yes Is it ok to leave a message? No Yes
- c. Address: _____ City: _____ St: ____ Zip: _____

PREVENTION PRIORITIZATION

This section is used to further screen and prioritize prevention assistance.

- 1. *“I am going to read a list of factors that help identify housing barriers at this time and assist in connecting households to the right supports. Please let me know if any of the following apply to your household.”*

	Questions taken from previous section	Points	Notes
<input type="checkbox"/>	Safety is currently at risk	3	
<input type="checkbox"/>	Is someone in your household currently pregnant?	2	
<input type="checkbox"/>	Includes adults or head of household under age 25	3	

<input type="checkbox"/>	Household includes someone over age 60	3	
Questions: Only ask if not already answered		Points	Notes
<input type="checkbox"/>	Stayed in the shelter, place not meant for habitation, or transitional housing in the past 12 months?	3	
<input type="checkbox"/>	Do you currently have a court date for eviction?	3	
<input type="checkbox"/>	Does your household need four or more bedrooms?	3	
<input type="checkbox"/>	Have you moved two or more times in the last school year?	2	
<input type="checkbox"/>	Have you stayed in a shelter, place not meant for habitation, or transitional housing at least once in a lifetime?	2	
<input type="checkbox"/>	Have you experienced homelessness two or more times in the last five years?	2	
<input type="checkbox"/>	Have you had a previous eviction on record?	2	
<input type="checkbox"/>	Do you have outstanding bills owed to previous rental property or utility company?	2	
<input type="checkbox"/>	Have you been turned down for housing due to a criminal history?	2	
<input type="checkbox"/>	Do you currently have a housing voucher or subsidy to help pay rent each month?	2	
<input type="checkbox"/>	As a child, did you or another adult in the household experience two or more of the following: homelessness, foster care, abuse of any kind, moving four or more times, or receive public assistance?	2	
<input type="checkbox"/>	Are your utilities currently disconnected or scheduled for disconnection in the next 7 days?	2	
<input type="checkbox"/>	Do you have poor credit or no credit?	2	
<input type="checkbox"/>	Do you have poor rental history or no rental history?	2	
<input type="checkbox"/>	Do you or someone in your household have a disability (physical, cognitive, mental health, drug/alcohol)?	1	

2. *“Do you or anyone in your household receive income from any source?”* (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Receiving child support payments | <input type="checkbox"/> SSI |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Retirement benefits |
| <input type="checkbox"/> Veterans benefits | <input type="checkbox"/> Cash assistance from the county |
| <input type="checkbox"/> No income from any source at this time | <input type="checkbox"/> Other: _____ |

3. *“What is your total monthly income?”* \$ _____

4. *“If seeking rent or mortgage assistance, how much is your rent/mortgage per month?”* \$ _____

5. *“What is the total amount you are past due?”* _____

6. *“What is currently owed?”* _____

7. **Assessor Only** Priority level for homeless assistance: 1 2 3 4 Other N/A

Priority level for homeless prevention: 1 2 3 4 Other N/A

Risk Score: _____

“That is the end of my questions. The information you provided will be reviewed by the Homeless Prevention Project (HPP) (if applicable in your region). The HPP is made up of local partner agencies who meet weekly to review all applications for assistance. The HPP partner agencies will determine if any resources are available

to assist your household at this time. Please know that the number of applications exceeds the resources available generally, so not every household will receive financial assistance. You will receive a phone call or letter in the mail indicating what resources may be able to assist as well as what the next steps are.”

ADMINISTRATIVE

1. Housing stabilization services assessment: if yes to housing instability and any one of the others, refer to HSS (Fargo/Minnesota only).

Answer based on your interactions with the household	Yes	No	UK
HOUSING INSTABILITY: Is this person experiencing housing instability? <ul style="list-style-type: none"> • Person is homeless or at risk of homelessness (indicated by answer to question 4 – High or Imminent Risk); and/or • Person is transitioning or recently transitioned from an institution, licensed, or registered setting. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION: Does this person need support communicating their needs to help with housing? <ul style="list-style-type: none"> • Person is difficult for most listeners to understand; and/or • Person uses non-speech to communicate (sign language, symbols, gestures). 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOBILITY: Does this person need support getting around to help with housing? <ul style="list-style-type: none"> • Person needs assistance or supervision to use transportation; and/or • Person walks with physical assistance from another person; and/or • Person does not typically walk; and/or • Person requires assistance from another person to complete tasks requiring fine motor skills such as reading, writing, or maintaining personal care; and/or • Person cannot walk for long periods without taking breaks. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECISION MAKING: Does this person need support in decision making related to their housing? <ul style="list-style-type: none"> • Person has reported significant short-term memory issues or confusion retaining or recalling recent events, experiences, skills, or information; and/or • Person shows confusion or disorientation when asked about themselves; and/or • Person cannot weigh positives and negatives of issues in order to make appropriate decision; and/or • Person is easily coerced into decisions that may not benefit them. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGING CHALLENGING BEHAVIORS: Does this person need support managing challenging behaviors? <ul style="list-style-type: none"> • Person exhibits behaviors that may require supports to prevent/mitigate breaking the law; and/or • Person would have difficulty to identify and problem-solve to take appropriate action without assistance in a potentially harmful situation; and/or • Person requires the availability of an identified/dedicated person to safely direct own activities and manage personal responsibilities. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Referrals made

Referral	Notes

ACCESS RECEIPT – REGION

COORDINATED ACCESS, REFERRAL, ENTRY AND STABILIZATION (CARES) SYSTEM

Updated 01/2021



This receipt is proof that you have completed a Housing Crisis Triage in our region.

ASSESSING AGENCY			
Assessor		Email:	
Agency		Phone:	
Signature		Date:	

RECIPIENT NAME	DATE	RELEASE OF INFORMATION (ROI)		
		ND HMIS ROI signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		CARES ROI signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERRAL RECOMMENDATION: You are being referred to the following community resources. A referral does not guarantee services. Most referrals will require you to provide proof of your need and eligibility including, but not limited to income and housing situation.

	REFERRAL DETAILS	NORTH DAKOTA RESIDENTS
<input type="checkbox"/>	Shelter	<input type="checkbox"/>
<input type="checkbox"/>	Short Term Financial (deposit, first month's rent)	<input type="checkbox"/>
	Mainstream	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Other/Ineligible	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

“Do you need assistance with any of the referrals I listed?” No Yes

“Do you give me permission to share your information?” No Yes _____ Initials

THANK YOU AND PLEASE REMEMBER TO UPDATE YOUR CONTACT INFORMATION IF IT CHANGES!