HMIS Intake Diversion project
Effective 10/01/2023

Intake Date	Entry Date	ServicePoint (HoH) ID:
☐☐ / ☐☐ / ☐☐	☐☐ / ☐☐ / ☐☐	

Project Name

HoH Name First	Middle	Last

Suffix	Alias

Name Data Quality

☐ Full Name Reported   ☐ Partial, Street or Code Name
☐ Client doesn't know   ☐ Client prefers not to answer

Social Security Number / Date of Birth

SSN: ☐☐☐☐☐☐☐☐☐   DOB: ☐☐ / ☐☐ / ☐☐

Social Security Number	Date of Birth
☐ Full SSN Reported (HUD)	☐ Full DOB Reported (HUD)
☐ Approx or partial SSN reported (HUD)	☐ Approx or partial SSN reported (HUD)
☐ Client doesn't know (HUD)	☐ Client doesn't know (HUD)
☐ Client prefers not to answer (HUD)	☐ Client prefers not to answer (HUD)
☐ Data Not collected (HUD)	☐ Data Not collected (HUD)

Race and Ethnicity (Select all that apply)

☐ American Indian, Alaska Native, or Indigenous   ☐ Native Hawaiian or Pacific Islander
☐ Asian or Asian American   ☐ White
☐ Black, African American, or African   ☐ Client doesn't know
☐ Hispanic/Latina/e/o   ☐ Client prefers not to answer
☐ Middle Eastern or North African
☐ Additional Race and Ethnicity detail: _____

Gender (Select all that apply)

☐ Woman (Girl, if child)   ☐ Questioning
☐ Man (Boy, if child)   ☐ Different Identity
☐ Culturally Specific Identity (e.g., Two-Spirit)   ☐ Client doesn't know
☐ Transgender   ☐ Client prefers not to answer
☐ Non-Binary
☐ If Different Identity, Please Specify: _____

Veteran Status		Relationship to HoH	
☐ No	☐ Yes	☐ Self (Head of Household)	
		☐ HoH's child	☐ HoH's spouse or partner
		☐ HoH's other relation member	☐ Other: non-relation member

Diversion Project Entry Assessment

All clients/households entering into the system for the 1st time (or without an entry in the past 2 years), imminently at risk, or unstably housed should receive a Diversion from Homelessness assessment. Below is the diversion history for this client.

BOS – Diversion from Homelessness Assessment

Assessment Date	Who assessed this client?
☐☐ / ☐☐ / ☐☐	

Are you in a safe place to answer questions?	☐ Yes ☐ No

If no, proceed with safety planning such as:
- ▪ *Can I ask where you are?*
- ▪ *Is the unsafe person in the room right now?*
- ▪ *If yes, can you go somewhere safe like a neighbor, friend, or public space?*
- ▪ *If no, do you need to get to somewhere safe right now? (Offer taxi to bring to shelter if available and necessary)*
- ▪ *Do you need me to contact police for you?*
- ▪ *Can I connect you to a Victim Service Provider?*

If yes, proceed with script below:

I want to better understand you housing situation right now and work with you to figure out a solution that may not require you to access homeless shelter.

The ideal situation is that there is somewhere else you can stay that is safe while you figure out your permanent housing needs, without coming into shelter. I am going to need to ask you some questions. This process takes about 10 minutes.

1. Why are you seeking shelter today? *Investigate reason. Consider Mediation and Immediate problem solving.*	☐ Relationship breakdown ☐ Domestic Violence ☐ Problems with the landlord (but no threat of eviction) ☐ At risk of eviction ☐ Foreclosure on rental property ☐ Living in a household that has been condemned ☐ Utilities disconnected or threat of disconnect

		☐ Newcomer to the community ☐ Leaving Jail/Prison ☐ Leaving medical institution/hospital ☐ Currently in a place not meant for human habitation ☐ Other
	If other reason for seeking shelter, please specify:	
2.	**What else have you tried before contacting us?** ***Understand what has worked or not worked thus far. Understand if another entity has problem solving in action and status of action.***	☐ Mediation ☐ Problem solving with landlord ☐ Problem solving with family or friends ☐ Problem solving with a non-profit, government agency, or faith group ☐ Repayment plan (Housing/utilities) ☐ Splitting up family members to various households ☐ Staying with friends or family ☐ Staying at motel (self pay) ☐ Nothing ☐ Other
	If other reason for something tried, please specify:	
3.	**What else have you thought about trying to be housed or solve your current housing problem?** ***Encourage household to purse safe and appropriate alternatives, provide access to phone or computer as necessary. Be prepared to intervene and mediate with other entities. Be prepared to use flexible funding or community funding in problem solving.***	☐ Mediation ☐ Problem solving with landlord ☐ Problem solving with family or friends ☐ Problem solving with a non-profit, government agency, or faith group ☐ Repayment plan (Housing/utilities) ☐ Splitting up family members to various households ☐ Staying with friends or family ☐ Staying at motel (self pay) ☐ Nothing ☐ Other
	If other reason for something tried, please specify:	
4.	**Where did you stay last night?**	☐ With a friend/family member or other double up situation ☐ In a motel (self pay) ☐ In a motel (funded by another entity) ☐ In your own home (apartment or house) ☐ Correctional Facility/Institution

	☐ 24 hour restaurant, coffee shop, or business ☐ In a place unfit for human habitation ☐ Bus Station/Rest Stop ☐ Other
If other reason for where you stayed last night, please specify:	
If stayed in a 24-hour restaurant, bus station/rest stop, or a place unfit for human habitation or another unsafe situation, SKIP QUESTION 5.	
5. **Do you think you could continue to stay there for another 3-7 days if you were able to receive some help**	☐ Yes ☐ No
If yes to Q5: Is it safe to stay there?	☐ Yes ☐ No
What would you need to make this option work for at least 3-7 days?	☐ Pay them rent ☐ Help in communicating with them ☐ Food card, utility assistance, or other financial help ☐ Not possible ☐ Financial assistance ☐ Bus tickets ☐ Conflict resolution ☐ Landlord mediation ☐ Community referrals ☐ Legal Assistance ☐ DV Provider Assistance ☐ Another Way? (Specify Below)
If other reason for what you may need, please specify:	
If no or Don't know to Q5:	
Is it safe to stay there?	☐ Yes ☐ No
If unsafe PROCEED TO Q6. Otherwise probe for what it would take to fix the current situation to be able to stay in the current housing situation.	
6. **Do you have anyone else you could stay with for 3-7 days if you were able to receive some help?**	☐ Yes ☐ No
If yes to Q6:	
What would you need to make this option work for at least 3-7 days?	☐ Pay them rent ☐ Help in communicating with them ☐ Food card, utility assistance, or other financial help ☐ Not possible ☐ Financial assistance ☐ Bus tickets

	☐ Conflict resolution ☐ Landlord mediation ☐ Community referrals ☐ Legal Assistance ☐ DV Provider Assistance ☐ Another Way? (Specify Below)
If other reason for what you may need, please specify:	
Probe for what it would take to have them stay elsewhere so long as it is safe. DO NOT proceed to Question 7 unless all options have been exhausted.	
7. **What are your top 3 reasons you are struggling to find stable, safe and appropriate housing? (number 1,2,3)** *Explain realities of current housing market and the strategies other low-income households are using to find secure housing. Offer apartment listings and access to phone if necessary.*	☐ Affordability ☐ Don't know where to look ☐ Household instability ☐ Size of household ☐ Poor credit ☐ Past evictions ☐ Registered sex offender ☐ New to the community ☐ Start up costs/deposits ☐ Criminal Background ☐ Owing money to previous landlord ☐ Owing money to Section 8/government housing ☐ Availability of rental units ☐ Other Reasons ☐ N/A
If you are struggling for another reason, please specify:	
8. **What is your total amount of income?**	
Employment	
Inheritance	
Pension	
K-TAP	
SSDI	
Unemployment Insurance	
Social Security Benefits	
Working under the table	
SSI	
Other	

Outline any special programs that may exist for low-income households to access housing, as necessary (Section 8 [HCV], Mainstream vouchers, and public housing). Explain how other households of low-income are able to find and secure housing (ex. Utilizing church and other non-profits for deposits/first month's rent assistance.) Offer apartment listings of dwellings within price range. Explain that many low-income households also utilize other forms of public assistance in order to afford their housing (SNAP, Medicaid/Medicare, KTAP(TANF), WIC, Food banks and free meals locations), as well as renting a room from someone for affordability OR renting a room to someone as extra income. Direct to Kentucky's Benefind website in which they can apply for public assistance: https://benefind.ky.gov/

Offer access to a phone/computer if necessary, to apply for public assistance, housing and/or to make calls to sign up for any food/medical assistance.

9. If there is a space in shelter and you are accepted into the shelter, there is an expectation that you will work on finding housing immediately and getting out of shelter as rapidly as possible. Do you have a plan?	☐ Yes ☐ No
What is your plan at this point to ensure your shelter stay is short and that you move into housing quickly?	

Ensure there is a housing plan in place prior to shelter entry. Communicate entry to shelter staff for follow-up. DO NOT allow shelter entry without even a rudimentary housing plan.

BOS – Diversion History of Attempts

Diversion Start Date	☐☐/☐☐/☐☐
Which staff member headed up the diversion?	
What was the outcome of your diversion efforts?	☐ Client(s) was diverted from Homelessness ☐ Client(s) became homeless after diversion attempt ☐ Client(s) disappeared/No further contact ☐ Client(s) rejected diversion attempt ☐ Data Not Collected
Diversion End Date (Do not use unless another client attempt)	☐☐/☐☐/☐☐

Client Contact Information

In what language do you feel best able to express yourself?	☐ English ☐ Arabic ☐ Chinese ☐ French ☐ German ☐ Hebrew ☐ Hindi ☐ Italian ☐ Japanese ☐ Korean

	☐ Portuguese ☐ Russian ☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Other
Client Phone Number	
Alt. Client Phone Number	
Email address/other electronic communication (e.g. social media)	
On a regular day, where is it easiest to find you and what time of day is easiest to do so? (collect multiple locations)	

Coordinated Entry Assessment

Date of Assessment	☐☐ / ☐☐ / ☐☐
Assessment Location	☐ UnSheltered/Street Outreach ☐ Emergency Shelter ☐ Permanent Housing Provider ☐ Supportive Services Provider ☐ Transitional Housing Provider ☐ Victim Service Provider
Assessment Type	☐ Phone ☐ Virtual ☐ In person
Assessment Level	☐ Crisis Needs Assessment ☐ Housing Needs Assessment
Prioritiaztion Status	☐ Placed on Prioritization List ☐ Not placed on Prioritization list

Coordinated Entry Event

Start Date	☐☐ / ☐☐ / ☐☐
Date of Event	☐☐ / ☐☐ / ☐☐
Event	**Access Event** ☐ Referral to Prevention Assistance project ☐ Problem Solving/Diversion/Rapid Resolution intervention or service ☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment ☐ Referral to scheduled Coordinated Entry Housing Needs Assessment **Referral Events**

	☐ Referral to post-placement/follow-up case management ☐ Referral to Street Outreach project or services ☐ Referral to Housing Navigation project or services ☐ Referral to Non-continuum services: Ineligible for continuum services ☐ Referral to Non-continuum services: No availability in continuum services ☐ Referral to Emergency Shelter bed opening ☐ Referral to Transitional Housing bed/unit opening ☐ Referral to Joint TH-RRH project/unit/resource opening ☐ Referral to RRH project resource opening ☐ Referral to PSH project resource opening ☐ Referral to Other PH project/unit/resource opening
If: Problem Solving/Diversion/Rapid Resolution intervention or service result:	
Client housed/re-housed in a safe alternative	☐ Yes ☐ No
If Referral to post-placement/follow-up case management result:	
Enrolled in Aftercare project	☐ Yes ☐ No
If Referral to an ES, TH, Joint TH-RRH, PSH, or Other PH opening:	
Location of Crisis Housing or Permanent Housing Referral	
Referral Result	☐ Successful referral: client accepted ☐ Unsuccessful referral: client rejected ☐ Unsuccessful referral: provider rejected
Date of Result	☐☐ / ☐☐ / ☐☐

Staff Completing (Printed Name):   **Date:**