

HMIS Intake Diversion project

Effective 10/01/2025

Intake Date	Entry Date	ServicePoint (HoH) ID:
<input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	
Project Name		
<input type="text"/>		
HoH Name First	Middle	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suffix	Alias	
<input type="text"/>	<input type="text"/>	
Name Data Quality		
<input type="checkbox"/> Full Name Reported <input type="checkbox"/> Client doesn't know		<input type="checkbox"/> Partial, Street or Code Name <input type="checkbox"/> Client prefers not to answer
Social Security Number		Date of Birth
<input type="text"/> / <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="checkbox"/> Full SSN Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)		<input type="checkbox"/> Full DOB Reported (HUD) <input type="checkbox"/> Approx or partial SSN reported (HUD) <input type="checkbox"/> Client doesn't know (HUD) <input type="checkbox"/> Client prefers not to answer (HUD) <input type="checkbox"/> Data Not collected (HUD)
Veteran Status		Relationship to HoH
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Self (Head of Household) <input type="checkbox"/> HoH's child <input type="checkbox"/> HoH's spouse or partner <input type="checkbox"/> HoH's other <input type="checkbox"/> Other: non-relation relation member member
Sex		
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
Race and Ethnicity (Select all that apply)		
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> Hispanic/Latina/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Additional Race and Ethnicity detail: _____		<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer

HMIS Intake Diversion project

Effective 10/01/2025

Gender (Select all that apply)	
<input type="checkbox"/> Woman (Girl, if child)	<input type="checkbox"/> Questioning
<input type="checkbox"/> Man (Boy, if child)	<input type="checkbox"/> Different Identity
<input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit)	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Transgender	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Non-Binary	
<input type="checkbox"/> If Different Identity, Please Specify: _____	

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?
<input type="text"/> / <input type="text"/>	

Are you in a safe place to answer questions?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 your 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? <i>Investigate reason. Consider Mediation and Immediate problem solving.</i>	<input type="checkbox"/> Relationship breakdown <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Problems with the landlord (but no threat of eviction) <input type="checkbox"/> At risk of eviction <input type="checkbox"/> Foreclosure on rental property
---	---

HMIS Intake Diversion project

Effective 10/01/2025

	<input type="checkbox"/> Living in a household that has been condemned <input type="checkbox"/> Utilities disconnected or threat of disconnect <input type="checkbox"/> Newcomer to the community <input type="checkbox"/> Leaving Jail/Prison <input type="checkbox"/> Leaving medical institution/hospital <input type="checkbox"/> Currently in a place not meant for human habitation <input type="checkbox"/> Other
If other reason for seeking shelter, please specify:	
2. What else have you tried before contacting us? <i>Understand what has worked or not worked thus far. Understand if another entity has problem solving in action and status of action.</i>	<input type="checkbox"/> Mediation <input type="checkbox"/> Problem solving with landlord <input type="checkbox"/> Problem solving with family or friends <input type="checkbox"/> Problem solving with a non-profit, government agency, or faith group <input type="checkbox"/> Repayment plan (Housing/utilities) <input type="checkbox"/> Splitting up family members to various households <input type="checkbox"/> Staying with friends or family <input type="checkbox"/> Staying at motel (self pay) <input type="checkbox"/> Nothing <input type="checkbox"/> 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? <i>Encourage household to pursue 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.</i>	<input type="checkbox"/> Mediation <input type="checkbox"/> Problem solving with landlord <input type="checkbox"/> Problem solving with family or friends <input type="checkbox"/> Problem solving with a non-profit, government agency, or faith group <input type="checkbox"/> Repayment plan (Housing/utilities) <input type="checkbox"/> Splitting up family members to various households <input type="checkbox"/> Staying with friends or family <input type="checkbox"/> Staying at motel (self pay) <input type="checkbox"/> Nothing <input type="checkbox"/> Other
If other reason for something tried, please specify:	
4. Where did you stay last night?	<input type="checkbox"/> With a friend/family member or other double up situation <input type="checkbox"/> In a motel (self pay)

HMIS Intake Diversion project

Effective 10/01/2025

	<input type="checkbox"/> In a motel (funded by another entity) <input type="checkbox"/> In your own home (apartment or house) <input type="checkbox"/> Correctional Facility/Institution <input type="checkbox"/> 24 hour restaurant, coffee shop, or business <input type="checkbox"/> In a place unfit for human habitation <input type="checkbox"/> Bus Station/Rest Stop <input type="checkbox"/> Other
If other reason for where you stayed last night, please specify:	
<i>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.</i>	
5. Do you think you could continue to stay there for another 3-7 days if you were able to receive some help	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to Q5: Is it safe to stay there?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would you need to make this option work for at least 3-7 days?	<input type="checkbox"/> Pay them rent <input type="checkbox"/> Help in communicating with them <input type="checkbox"/> Food card, utility assistance, or other financial help <input type="checkbox"/> Not possible <input type="checkbox"/> Financial assistance <input type="checkbox"/> Bus tickets <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Landlord mediation <input type="checkbox"/> Community referrals <input type="checkbox"/> Legal Assistance <input type="checkbox"/> DV Provider Assistance <input type="checkbox"/> Another Way? (Specify Below)
If other reason for what you may need, please specify:	
<i>If no or Don't know to Q5:</i>	
Is it safe to stay there?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>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.</i>	
6. Do you have anyone else you could stay with for 3-7 days if you were able to receive some help?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to Q6:</i>	
What would you need to make this option work for at least 3-7 days?	<input type="checkbox"/> Pay them rent <input type="checkbox"/> Help in communicating with them <input type="checkbox"/> Food card, utility assistance, or other financial help

HMIS Intake Diversion project

Effective 10/01/2025

	<input type="checkbox"/> Not possible <input type="checkbox"/> Financial assistance <input type="checkbox"/> Bus tickets <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Landlord mediation <input type="checkbox"/> Community referrals <input type="checkbox"/> Legal Assistance <input type="checkbox"/> DV Provider Assistance <input type="checkbox"/> Another Way? (Specify Below)
If other reason for what you may need, please specify:	
<i>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.</i>	
7. What are your top 3 reasons you are struggling to find stable, safe and appropriate housing? (number 1,2,3)	<input type="checkbox"/> Affordability <input type="checkbox"/> Don't know where to look <input type="checkbox"/> Household instability <input type="checkbox"/> Size of household <input type="checkbox"/> Poor credit <input type="checkbox"/> Past evictions <input type="checkbox"/> Registered sex offender <input type="checkbox"/> New to the community <input type="checkbox"/> Start up costs/deposits <input type="checkbox"/> Criminal Background <input type="checkbox"/> Owing money to previous landlord <input type="checkbox"/> Owing money to Section 8/government housing <input type="checkbox"/> Availability of rental units <input type="checkbox"/> Other Reasons <input type="checkbox"/> 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	

HMIS Intake Diversion project

Effective 10/01/2025

Other	
<p><i>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/</i></p> <p><i>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.</i></p>	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your plan at this point to ensure your shelter stay is short and that you move into housing quickly?	
<p><i>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.</i></p>	

BOS – Diversion History of Attempts

Diversion Start Date	<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px; background-color: #666; text-align: center; vertical-align: middle;">/</td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px; background-color: #666; text-align: center; vertical-align: middle;">/</td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>			/			/		
		/			/				
Which staff member headed up the diversion?									
What was the outcome of your diversion efforts?	<input type="checkbox"/> Client(s) was diverted from Homelessness <input type="checkbox"/> Client(s) became homeless after diversion attempt <input type="checkbox"/> Client(s) disappeared/No further contact <input type="checkbox"/> Client(s) rejected diversion attempt <input type="checkbox"/> Data Not Collected								
Diversion End Date (Do not use unless another client attempt)	<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px; background-color: #666; text-align: center; vertical-align: middle;">/</td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px; background-color: #666; text-align: center; vertical-align: middle;">/</td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>			/			/		
		/			/				

Client Contact Information

In what language do you feel best able to express yourself?	<input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hebrew
---	---

HMIS Intake Diversion project

Effective 10/01/2025

	<input type="checkbox"/> Hindi	<input type="checkbox"/> Italian
	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Russian
	<input type="checkbox"/> Spanish	<input type="checkbox"/> Tagalog
	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> 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	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/>
Assessment Location	<input type="checkbox"/> UnSheltered/Street Outreach <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Permanent Housing Provider <input type="checkbox"/> Supportive Services Provider <input type="checkbox"/> Transitional Housing Provider <input type="checkbox"/> Victim Service Provider
Assessment Type	<input type="checkbox"/> Phone <input type="checkbox"/> Virtual <input type="checkbox"/> In person
Assessment Level	<input type="checkbox"/> Crisis Needs Assessment <input type="checkbox"/> Housing Needs Assessment
Prioritization Status	<input type="checkbox"/> Placed on Prioritization List <input type="checkbox"/> Not placed on Prioritization list

Coordinated Entry Event

Start Date	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/>
Date of Event	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/>
Event	Access Event <input type="checkbox"/> Referral to Prevention Assistance project <input type="checkbox"/> Problem Solving/Diversion/Rapid Resolution intervention or service <input type="checkbox"/> Referral to scheduled Coordinated Entry Crisis Needs Assessment <input type="checkbox"/> Referral to scheduled Coordinated Entry Housing Needs Assessment Referral Events

HMIS Intake Diversion project

Effective 10/01/2025

	<input type="checkbox"/> Referral to post-placement/follow-up case management <input type="checkbox"/> Referral to Street Outreach project or services <input type="checkbox"/> Referral to Housing Navigation project or services <input type="checkbox"/> Referral to Non-continuum services: Ineligible for continuum services <input type="checkbox"/> Referral to Non-continuum services: No availability in continuum services <input type="checkbox"/> Referral to Emergency Shelter bed opening <input type="checkbox"/> Referral to Transitional Housing bed/unit opening <input type="checkbox"/> Referral to Joint TH-RRH project/unit/resource opening <input type="checkbox"/> Referral to RRH project resource opening <input type="checkbox"/> Referral to PSH project resource opening <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Referral to post-placement/follow-up case management result:	
Enrolled in Aftercare project	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Successful referral: client accepted <input type="checkbox"/> Unsuccessful referral: client rejected <input type="checkbox"/> Unsuccessful referral: provider rejected
Date of Result	/

Staff Completing (Printed Name):

Date:

--	--