

Allegan County Homeless Assistance Programs

HARA PRE-SCREEN

Check Here if Information and Referral Only

Name of Person Requesting Services:	Date: / /
Contact Number:	Start Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Email Address:	

"I will ask you a few basic questions so that I may direct you to the most appropriate services/staff to help you address your current housing crisis."

PRE-SCREEN QUESTIONS	SCREENER RESPONSE/ACTION																											
1. Are you homeless due to a concern for your safety, fear of violence or abuse from another person? <input type="checkbox"/> Yes <input type="checkbox"/> No	a. If yes, refer to Sylvia's Place at 269-673-8700 and END SCREEN b. If no, CONTINUE TO #2																											
2. How many people in your household? Click here to enter text.	No need to respond, CONTINUE TO #3																											
3. What is your annual gross income, or income before any taxes are taken out? Click here to enter text.	Look at the Income Limits Chart below. Income must be below the \$ amount for household size to be eligible for Emergency Solutions Grant. But Household still may be eligible for other Homeless Assistance Programs, CONTINUE TO #4																											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: none;">Household Size</td> <td style="border: none;">1</td> <td style="border: none;">2</td> <td style="border: none;">3</td> <td style="border: none;">4</td> <td style="border: none;">5</td> <td style="border: none;">6</td> <td style="border: none;">7</td> <td style="border: none;">8</td> </tr> <tr> <td style="border: none;">Income Limit</td> <td style="border: none;">\$13,800</td> <td style="border: none;">\$15,800</td> <td style="border: none;">\$17,750</td> <td style="border: none;">\$19,700</td> <td style="border: none;">\$21,300</td> <td style="border: none;">\$22,900</td> <td style="border: none;">\$24,450</td> <td style="border: none;">\$26,050</td> </tr> <tr> <td style="border: none;">Check Box</td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> <td style="border: none;"><input type="checkbox"/></td> </tr> </table>		Household Size	1	2	3	4	5	6	7	8	Income Limit	\$13,800	\$15,800	\$17,750	\$19,700	\$21,300	\$22,900	\$24,450	\$26,050	Check Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household Size	1	2	3	4	5	6	7	8																				
Income Limit	\$13,800	\$15,800	\$17,750	\$19,700	\$21,300	\$22,900	\$24,450	\$26,050																				
Check Box	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
4. Where did you sleep last night? Click here to enter text. How many nights have you slept at this location? Click here to enter text.	a. If in emergency shelter, safe haven, motel paid by non-profit agency, car, park, tent, or other outdoor/uninhabitable location, REFER TO HAP b. If with another person or in an institutional setting, CONTINUE TO #5																											
5. When do you need to leave the place you are currently staying? Click here to enter text.	a. If person must leave in less than 21 days <u>AND</u> has income below the Income Limits Chart above, REFER TO HAP b. If staying in an institutional setting, like a hospital, jail, detox, inpatient psychiatric, etc, CONTINUE TO #6 c. If eviction is more than 21 days or household is over income, person will <u>NOT</u> be eligible for any Homeless Assistance at ACCMHS. END SCREEN																											
6. For persons in an Institutional Setting: Were you homeless in one of the following locations the night before you entered the institutions? <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safe Haven <input type="checkbox"/> Car <input type="checkbox"/> Tent/Camper <input type="checkbox"/> Outdoors (park, under bridge, etc) <input type="checkbox"/> Place not meant for habitation (shed, barn, abandoned building, dilapidated mobile/modular, etc)	a. If the person was in one of the stated homeless situations in #6 the night before they entered the institution <u>AND</u> the person has been there for less than 90 days, REFER TO HAP b. If the person has been in the institution for over 90 days but must leave in less than 21 days <u>AND</u> is below the income limits, REFER TO HAP c. If the person has been in an institution for over 90 days but must leave in less than 21 days <u>AND</u> is over the income limits, person is not eligible for Homeless Assistance at ACCMHS. END SCREEN																											
7. Are you now or have you in the past	If the responses to #7 is yes and the persons is homeless, a																											

<p>experienced any substance use problems? Click here to enter text.</p>	<p>referral to the MISSION Program is recommended. REFER TO HAP</p>
--	--

PRESCREENING OUTCOMES

1. If the questions lead you to “END SCREEN”, then:

The household does not qualify for homeless programs at AC HAP. Please provide referrals to other agencies or organizations that may be able to assist. List referrals and resources shared at the time of Prescreen:

- a. Did you send the client the Housing Search/Landlord Listing Packet? Choose an item.
- b. Referrals provided today: _____

- c. Notes: _____

2. If the questions lead you to “REFER TO HAP”, then schedule Full HARA Screening Intake if:

- a. ≤5 nights homeless then screen after 10 days;
 >5 nights homeless then screen 5-10 business days;
 >14 nights then screen in 2 business days
- b. Scheduled Date and Time of Full HARA Screening: _____
- c. Referrals provided to client today: _____
- d. Housing Search/Landlord Listing Provided? Choose an item.
- e. Notes: _____

PRESCREEN COMPLETED BY: _____

Staff Signature
/ /
Date
 AM PM
Screen End Time