Continuum of Care for the City & County of Racine (WI-502)

Coordinated Entry System

Pre-Screen Form

Are you a survivor of domestic violence, sexual violence, and/or human trafficking? ☐ Yes | ☐ No

If yes, would you like a referral to the victim service agency? ☐ Yes | ☐ No

If yes, are you currently fleeing the situation? ☐ Yes (*referral to a local DV agency needed)* | ☐ No (when experience occurred _____)

Do you have a disability or need reasonable accommodations for us to provide services to you, including filling out this form? (This question is voluntary and does not affect your eligibility for services.) ☐ Yes, indicate needs below | ☐ No

Do you need Translation Assistance? ☐ Yes ☐ No Preferred Language: _____

Client Contact Information:

Telephone No: _____ Email: _____

Social media handle: _____

Are you formally a ward of the child welfare/foster care agency? ☐ Yes | ☐ No

Household members (List everyone living in your household, related & unrelated.)

Head of Household:

Last Name	First	MI	Date of Birth

Gender	Race and Ethnicity	Race/Ethnicity Detail	Disability

Household Member 02

Last Name	First	MI	Date of Birth

Gender	Race and Ethnicity	Race/Ethnicity Detail	Disability

Household Member 03

Last Name	First	MI	Date of Birth

Gender	Race and Ethnicity	Race/Ethnicity Detail	Disability

Household Member 04

Last Name	First	MI	Date of Birth

Gender	Race and Ethnicity	Race/Ethnicity Detail	Disability

Veteran Status _____ **Veteran Benefit Status** _____

Living situation at time of assessment:

☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher

☐ Place not meant for habitation

If **any of the above** 2 are checked, approximate date started and continued _____ **Required for housing placement

☐ Staying or living in a **family** member's room, apartment, or house

☐ Staying or living in a **friend's** room, apartment, or house

☐ Rental by client, no housing subsidy

☐ Rental by client, with ongoing housing subsidy, specify:

_____

☐ Residential project or halfway house with no homeless criteria

☐ Jail, prison, or juvenile detention facility

☐ Transitional housing for homeless persons (including homeless youth)

☐ Permanent housing for formerly homeless persons

☐ Psychiatric hospital or other psychiatric facility center

☐ Hospital or other residential (non-psychiatric) facility

☐ Other _____

☐ Owned by client, no housing subsidy

☐ Owned by client, with housing subsidy

☐ Foster care home or foster care group home

☐ Substance abuse treatment facility or detox

☐ Hotel or motel paid for without emergency shelter voucher

Length of living situation in place marked above _____

Number of times you have been on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years including today: _____

Number of months homeless on the Street, in an Emergency Shelter, on a motel voucher, or in a Safe Haven in the past three years: _____

If more than 12 months, how many total months in the past 3 years? _____

Do you or anyone in your household have any disabling conditions which contribute to your experience of homelessness or may be a factor in housing, referenced below? ☐ **Yes** | ☐ **No**

If yes, how many of the following apply to your household? (1-6) _____

Mental Health Disorder[1]	Developmental Disability[2]	Substance Use Disorder[3]
Physical Disability[4]	Chronic Health Condition[5]	HIV/AIDS[6]

Do you or anyone in your household have non-chronic medical[7] needs? ☐ Yes | ☐ No

Have you or anyone in your household been impacted by or discriminated against due to racial or ethnic bias? ☐ Yes | ☐ No

Have you or anyone in your household been impacted by or discriminated against due to gender identity or sexual orientation? ☐ Yes | ☐ No

How many times have you or anyone in your household been arrested, cited, or been in jail/prison/juvenile detention? _____

Do you or anyone in your household have any past or current financial legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: Rental arrears, Eviction, Past due child support, SSI/SSDI over-payment, etc.) ☐ Yes | ☐ No

Do you or anyone in your household have any past or current family legal issues that are being resolved in court that may affect or limit your ability to obtain or maintain housing? (Examples: custody and placement, separation, divorce, paternity) ☐ Yes | ☐ No

Have you/your family had a consistent source of income for at least the last 6 months? ☐ Yes | ☐ No

NOTE COORDINATED ENTRY STAFF: Inform the prospective client that the next questions ask about recent or past trauma. Ask the client if it is okay to proceed. If the client does not want to be asked the questions, enter client prefers not to answer.

How many times have you or anyone in your household been the victim of a crime in the past year? (Examples: Felony, Assault, Battery, Theft, Sexual Assault, Human Trafficking or Active Restraining Order, etc.) _____

Have you or anyone in your household experienced any form of domestic, sexual violence, and/or trafficking in the past year?
☐ Yes | ☐ No
(If yes, answer additional questions below)

Has someone asked (or forced) you or anyone in your household to have sex or sell anything in exchange for something? ☐ Yes | ☐ No
Is someone threatening to harm you or your family if you don't do what they ask? ☐ Yes | ☐ No
Does this person have access to a weapon? ☐ Yes | ☐ No
Has this person ever threatened to kill you or anyone in your household, another loved one, pets, or themselves? ☐ Yes | ☐ No
Has this person ever caused you or your household members bodily harm? (ex: strangulation, head injury, stabbing, sexual assault) ☐ Yes | ☐ No

Client Consent Section

Do you give consent that this agency may share information with other agencies such as, but not limited to, your situation, household demographics, and any questions asked during this assessment in order to provide referral to other services?

I understand that I can revoke this Authorization at any time, except for action already taken, by sending written notice to the authorized agent. This authorization expires _____ from date of the signature below.

I understand that the information contained on this form is provided voluntarily. The information is true and correct to the best of my knowledge.
** I am aware that providing false information or not reporting pertinent information is fraud.
** If I provide any false information, I understand that services may be denied.
** I understand that completion of this form does not guarantee that I will receive assistance. ☐ VERBAL

Signature of Applicant _____ Date: _____

Signature of Agency Rep: _____ Date: _____

Staff use only:

HOUSING STATUS	STAFF USE ONLY
☐ Literally homeless	☐ Unstably housed and at risk of losing housing (high-risk)
☐ Imminently losing their housing	☐ Stably housed

[1]**Mental Health Disorder** (Ex: depression, anxiety, PTSD, schizophrenia, bipolar disorder, OCD, personality disorders, mood disorders, etc.)

[2]**Developmental Disabilities** (Ex: autism spectrum disorder, ADHD, intellectual disability, learning disability, etc.)

[3]**Substance Use Disorder**

[4]**Physical Disability** (Ex: epilepsy, spinal cord injuries, loss of limb/vision, respiratory disorders, sleep disorders, etc.)

[5]**Chronic Health Condition** (Ex: heart disease, autoimmune disorder, chronic pain, nerve pain, stroke, diabetes, cancer, asthma/COPD, chronic kidney disease, high blood pressure, etc.)

[6]**HIV/AIDS**

[7]**Non-Chronic Medical Needs** (Ex: broken bone, burns, flu, bronchitis, pneumonia, recent surgery, concussions, etc.)