

NY-508 Coordinated Entry Prevention / Diversion Screening Tool

Date of Screening Interview: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Location: \_\_\_\_\_

Staff completing interview: \_\_\_\_\_

Pre-Screen Questions

1. Do you believe you will become homeless in the next 2 weeks?

Yes  No

1a. Are you homeless or do you believe you will become homeless in the next 3 days?

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**HUD Category 1:** living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that Institution.

**HUD Category 2:** At imminent risk of homelessness within 14 days.

Are you currently residing with, or trying to leave, an intimate partner who threatens you or makes you fearful?

Yes  No

\_\_\_\_\_

**\*If yes to Question 2, clients are referred to DV resources and referred to crisis housing.**

**DO NOT PROCEED WITH THIS ASSESSMENT. Call 211 for DV resources. Call Erie County's 24 hour hotline at 716.862.4357 or for shelter call 716.884.6000**

3. Where did you sleep last night? \_\_\_\_\_

4. Was it a safe location?  Yes  No

\_\_\_\_\_

If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?" If unsafe due to domestic violence, refer to DV services / crisis housing.

\_\_\_\_\_  
\_\_\_\_\_

**PREVENTION/DIVERSION QUESTIONS**

5. Why did you have to leave the place you stayed last night?

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6. Could you stay tonight at the same location? \_\_\_ Yes \_\_\_ No

**If no, skip to Question 9**

7. What would you need to help you stay where you stayed last night again?

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Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

8. Would it help if I contacted the person you stayed with? What is the best way to contact that person?

Name \_\_\_\_\_ Phone \_\_\_\_\_

9. Is there anyone else you (and your family) could stay with? Friends, family, co-workers?

\_\_\_ Yes \_\_\_ No

**If no, skip to Question 12**

10. What would you need to help you stay there?

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Examples: (Landlord mediation, Conflict resolution, Rental assistance, Utility assistance, etc.)

11. Would it help if I contacted that person you can stay with? What is the best way to contact that person?

Name \_\_\_\_\_ Phone \_\_\_\_\_

12. Were you able to successfully divert this person(s) via homeless prevention or other community resources, without enrollment in FET or CE assessment?

\_\_\_ Yes \_\_\_ No

