

Client name: _____ Client ID: _____ Date: _____

Assessor Name: _____ Assessor Agency: _____

Prescreen

Domain	1 (In Crisis)	2 (Vulnerable)	3 (Precarious)	4 (Building Stability)	5 (Empowered)	DK/DA	N/A	Score
Where do you sleep most nights? How long have you been unhoused?	Client has been homeless (in shelter or on streets/in car/other unhoused place) for more than a year.	Client has been homeless for less than a year but is in shelter or on streets/in car/other unhoused place.	Client is able to couchsurf most nights but does not have a path to housing	Client has access to a housing resource or is otherwise on a housing path	Household is in adequate, permanent housing.			
Do you have any income or other assistance? Can you meet your basic needs? Are you able to save?	No income or income from unsafe work like sex work or selling drugs.	Inadequate income <u>OR</u> spontaneous/inappropriate spending <u>OR</u> ½ or more income goes to another family member/household.	Can meet basic needs with subsidy.	Can meet basic needs without assistance.	Income is sufficient and well-managed; has discretionary income and is able to save.			
Do language barriers make it hard for you to have a job or accomplish day-to-day tasks? Do you ever need people to help translate for you?	Dependent on friends/family to communicate (low availability/minor/etc.); language is a barrier to employment or accomplishing basic day-to-day tasks	Dependent on friends/family to communicate (high availability, adult, etc.); language is a barrier to employment or accomplishing basic day-to-day tasks	Capable of basic communication; language is not a barrier to employment <u>OR</u> accomplishing basic day-to-day tasks; needs special services for complex communication	Capable of communication in most circumstances; may still need assistance with specialized topics (medicine, law, etc.) <u>OR</u> increasing ability to communicate in daily interactions	No communication barriers			
Do you or anyone in your family have any problems with your physical health or disabilities? How do they affect your housing, job, or relationships?	Acute or chronic symptoms are currently affecting housing, shelter, employment, social interactions, etc.	Sometimes or periodically has acute or chronic symptoms affecting housing, shelter, employment, social interactions, etc.	Rarely has acute or chronic symptoms affecting housing, shelter, employment, social interactions, etc.	Asymptomatic; condition is controlled by services or medication.	No identified disability or health concerns.			
Do your or anyone in your family's moods, emotions, thinking and/or behavior impact your housing, safety and/or social, work or family relationships?	Danger to self or others; recurring suicidal ideation; experiencing severe difficulties in day-to-day life due to psychological issues.	Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent issues with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health issues.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems and concerns.			
Do you or anyone in your household struggle with substance use? How does that affect your housing, job, or relationships?	Meets criteria for severe abuse/dependence; (i.e., 6+ criteria); problems so severe that institutionalized living or hospitalization may be necessary.	Meets criteria for dependence (i.e., 4–5 criteria).	Client has used within the last 6 mo; meets 2–3 criteria for dependence	Client has used during the last 6 mo <u>OR</u> client has history of dependence <u>AND</u> is engaged in outpatient treatment; meets 0–1 criteria for dependence.	No drug use/alcohol abuse in the last six months; outpatient treatment is for maintenance only.			
Have you experienced any discrimination based on your race/ethnicity? How has that	The client is consistently denied housing or experiences other discrimination due to racism and anti-blackness that has contributed to or prolonged their homelessness.	At risk of losing current housing due to racism and anti-blackness, contributing to poor physical and mental health conditions.	Housing is stable and increasing understanding of Fair Housing Laws. Able to recognize how racial discrimination has impacted one's physical and mental	Housing is secure and understands Fair Housing Laws and with an advocate, able to file a complaint if needed. Developing support	Connected to a community of people with whom they can fight against racism and anti-blackness <u>OR</u> has never experienced discrimination based on race			

discrimination impacted your housing and your physical/mental health? Do you understand the legal protections you have?			health and able to share experience with a trusted person.	community to right these injustices. Creating friendships and communities to explore the impact of racism and increase one's skills to respond to these situations.				
Have you experienced any discrimination based on your gender identity or sexual orientation? How has it impacted your safety and/or housing? Are you connected with a supportive peer community?	Currently experiencing ongoing discrimination, violence, or threats as a result of gender identity or sexual orientation	Has experienced discrimination, threats, or violence in the past year OR experiences fear of discrimination, threats, or violence OR conceals their gender identity or sexual orientation to maintain safety	Feels safe openly expressing their gender/sexual identity in current community in daily life	Feels safe openly expressing their gender/sexual identity in daily life AND is included as a member of a peer community OR feel I can trust others to offer help and support; some understanding of legal protections	Is safe openly expressing their gender/sexual identity in daily life AND is included as a member of a supportive and extensive peer community or other support community; extensive understanding of legal protections OR has never experienced discrimination based on gender/sexual identity			
Do you have a positive relationship with your partner, co-parent, and/or former partner? Do you feel scared or unsafe?	Abuse is present, or relationship has been severed but restraining order and/or threats of violence exist.	Partners do not relate well with one another; potential for abuse or relations being severed	Both partners acknowledge and seek to change negative behaviors; negative behaviors still occur.	Relationship is generally stable and both partners are gaining skills to communicate and support one another.	Relationship is stable and healthy OR client is in a stable single-parent or separate co-parenting household.			
Do you have as much childcare as you need? Can you afford your childcare?	Needs childcare but none is available or accessible (including family members or friends).	Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available (including family members or friends).	Affordable, subsidized childcare is available but limited (if family members or friends: availability or interest is limited).	Reliable, affordable childcare is available (could be family members or friends); no need for subsidies.	Able to select quality childcare of choice (could be from among family members or friends) OR no childcare needed.			
Additional Questions								
Is your housing [if homeless: previous housing] safe? In what way is/was it unsafe? Do you understand your housing rights?	Housing involves unsafe neighborhood or relationship (predatory landlords, unsafe roommates/housemates, police sweeps) OR true of previous housing and currently unhoused/unsafe	Current situation is safe but temporary OR still at risk of exploitation by landlord or other external parties	Neighborhood is safe, relationships with housemates/family are safe; beginning to learn about healthy housing relationships and tenant rights	Neighborhood is safe, relationships with housemates/family are safe; adequate understanding about healthy housing relationships and tenant rights	Neighborhood is safe, relationships with housemates/family are safe; strong understanding of healthy housing relationships and tenant rights (e.g. how to request help from maintenance) OR has never had unsafe housing			
Are you employed? Are there any issues with your employment?	No job OR employer fails to pay OR unsafe working conditions OR employer coercion (e.g. threats, employer holds passport, etc.).	Temporary, part-time, or seasonal job; inadequate pay and no benefits.	Employed full-time; inadequate pay; few or no benefits.	Employed full-time with adequate pay and benefits.	Maintains permanent full-time employment with adequate pay and benefits.			
Does your family have access to enough food? Are you on any food assistance, like CalFRESH?	No food or means to prepare it. Relies significantly on other sources of free or low-cost food.	Household is on SNAP or relies on some other type of assistance.	Can meet basic food needs but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food the household desires.			
Does anyone in your family not have health insurance? If yes,	At least one household member has immediate need for medical care or attention and has no medical	No immediate need, but at least one household member has no medical coverage and great	At least one household member has no immediate need and no medical	All household members have some type of medical coverage, but it may strain	All household members are covered by affordable, adequate health insurance.			

is it sufficient? If no, does anyone in your household have urgent medical needs that aren't covered by health insurance?	coverage/medical coverage doesn't include essential need.	difficulty accessing medical care when needed.	coverage, but is able to access medical care when needed.	budget or is less than adequate.				
What is the highest level of school you finished? Are you currently enrolled in any school or other program or training?	No US HS diploma/GED and is not enrolled in high school or a GED program, and has no other professional training.	No US HS diploma/GED, but the client is enrolled in high school or a GED program.	Client has US HS diploma/GED but is not seeking additional education/training to benefit employment.	Client has HS diploma/GED and is seeking additional education/training to benefit employment.	Client has completed additional education/ training beyond HS diploma/GED (and is in a position where he/she is employable).			
This question is about your reading and writing skills. Are you able to complete important documents, for example a school document, a rental application, or a medical form, including complicated documents?	Literacy barriers are serious, unaddressed barriers to employment or accomplishing basic day-to-day tasks.	Client has serious literacy barriers but is enrolled in a literacy program OR has sufficient support. .	Client has a sufficient command of reading and writing to where literacy is not a barrier to employment or accomplishing basic day-to-day tasks.	Client has sufficient command of reading and writing but is seeking additional education to resolve remaining literacy problems.	Client has no literacy barriers.			
Do you have access to transportation, including public transportation? Is it affordable? Reliable? Convenient?	No access to transportation (public or private) or transportation is inaccessible.	Transportation is available but unreliable, unpredictable, or unaffordable; if client owns a car, lacks either a driver's license or insurance.	Transportation is available and reliable, but inconvenient; if client owns a car, car is unreliable/unregistered.	Transportation is readily available and convenient but not preferred; if client owns a car, car needs work or underinsured.	Transportation is readily available, affordable, and satisfactory; if client owns a car, has driver's license and a car that is adequately insured.			
Are there any medications your doctor says you need that you do not or cannot take? Do you ever have trouble getting them? Do you meet with a doctor regularly about them?	Has medical or psychiatric need for medication but cannot access or does not take medications	Intermittent access to or inconsistent use of needed medications – loses access regularly, can't properly store meds, meds lost or stolen frequently	Faces some barriers to getting needed medications, but is ultimately able to access them	Easily accesses medications when needed, or no current need for medications but not actively engaged with medical care to provide ongoing medication monitoring/preventive care	Easily and consistently accesses needed medications OR has no need for medications AND is actively engaged with medical care to provide ongoing medication monitoring/preventive care			
Do you have any legal stuff going on in your family right now? What I mean by legal is anything that could result in being involved in a court case or pay fines.	Current outstanding tickets or warrants <u>OR</u> currently incarcerated <u>OR</u> currently involved in legal proceedings as a result of being a victim of a crime.	Current charges/trial pending <u>OR</u> non-compliance with probation/parole <u>OR</u> restraining order in place that is being followed <u>OR</u> owes significant legal fees that will impact ability to get or maintain housing.	Fully compliant with probation/parole terms with no charges pending. Legal protection for the victim of the crime is effective.	Has successfully completed probation/parole within the last 12 mo; no new charges filed <u>OR</u> no active criminal justice involvement in more than 12 mo, but prior arrests pose problem to current self-sufficiency. Legal protections allow victim to begin to rebuild their life with confidence.	No criminal history <u>OR</u> no active criminal justice involvement in more than 12 mo, and prior arrests do not pose a problem to current self-sufficiency. Legal sanctions allow victim to return to normalcy.			
How is your credit? What kind of things are affecting it?	History of bankruptcies, foreclosures, evictions, or repossessions.	Outstanding judgments, garnishments, or debts in collection, <u>OR</u> has no credit history.	Has an unmanageable debt ratio and low credit.	Has an unmanageable debt ratio <u>or</u> low credit.	Has a manageable debt ratio <u>and</u> high credit.			

Are you able to complete basic life skills like scheduling appts, prioritizing tasks, arriving on time, completing tasks on time, and making decisions?	Unable to complete basic life skills such as scheduling appts, prioritizing tasks, arriving on time, completing tasks on time, making decisions	Able to complete some basic life skills with assistance	Able to complete all basic life skills with assistance	Able to complete some basic life skills without assistance	Able to consistently complete all basic life skills without assistance			
Does anyone in your family have trouble with emotion, like angry outbursts, trouble accepting help, or not being able to resolve conflicts?	Significant difficulty regulating emotion; prone to angry outbursts; difficulty getting along with others; unable to ask for or accept help; unable to communicate with others/resolve conflicts	Some difficulty regulating emotion; reluctant to ask for help	Able to resolve conflicts with assistance/mediation	Sometimes able to resolve conflicts with assistance/mediation	Easily able to regulate emotion			
Are you involved in the community, for example with a support group, school group, or church?	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or does not desire to become involved or is prevented from involvement by social anxiety.	Has adequate social skills and motivation/desire but lacks the opportunity or knowledge of ways to become involved.	Some community involvement (advisory group, support group, church, volunteering, etc.), but has barriers (transportation, childcare issues, etc.).	Actively involved in community.			
Are you able to connect with any service providers to get your needs met?	Has needs that could be safely met but is unable to or chooses not to engage with anyone or with only one person, including issues accessing care	Only works with one team or agency	Works with different teams/agencies but not fully engaged	Engages constructively with multiple agencies	Fully and constructively engaged with the system OR needs are fully met without engaging with the system			
Do you have any help from extended family or friends?	Extended family or friends are uninvolved, uninterested, or unmotivated to provide support or doesn't have any family or friends or no contact with family.	Extended family/friends lack the ability or resources to help (either financially, emotionally, or materially) or provide negative support.	Client receives some positive support (financial/emotional/material) from extended family or friends.	Strong support from extended family or friends.	Has healthy and expanding support network.			
These next few questions are sensitive; please answer as honestly as you feel comfortable. Do you have support from the people who raised you?	Abuse (DV, child) is present, there is child neglect, or all relations have been severed.	Family members do not relate well with one another; potential for abuse, neglect, or relations being severed.	Family members acknowledge and seek to change negative behaviors but negative behaviors still occur.	Family is generally stable and are learning to communicate and support one another.	Family is stable and communication is consistently open.			
Has anyone left or rejoined your family in the past 6 months, for example, because of CFS, jail, or divorce?	Family structure highly unstable (e.g. CFS has removed children from family, family member has separated from family in past 6 months)	Open CFS case but children not removed OR recently reunified OR remaining family unit is stable but other family member's situation threatens stability OR current custody battle	Family intact/reunified. No current threats but family experiences barriers to stability (e.g. separation, divorce, incarceration, resolved CFS case)	Family intact and actively strengthening family stability/building outside community support. Family members doing well.	Stable family composition. Family members thriving.			
Are you able to provide as much care as your children need?	There are safety concerns regarding parenting care; abuse or neglect is present, or all relations have been severed.	Parenting care doesn't serve child's needs; client does not relate well with child(ren); potential for abuse or neglect.	Parenting care is apparent but not sufficient; client acknowledges and seeks to change negative behaviors; is learning to communicate and support.	Parenting care is apparent; client supports their child(ren)'s efforts.	Parenting care are well-developed; parent-child relations are stable and communication is consistently open.			

Does your child ever have to take on extra work to help the family, for example, taking care of younger children or translating? Do they ever skip their own activities, like school or sports, to help?	Child unable to attend school or other childhood activities due to work, childcare, or other activities to help family.	Child missing school or other functions due to work, childcare, or other activities to help family OR child is primary translator for family	Child able to attend school, other childhood activities while having some extra responsibilities to help family	Child able to participate in activities of childhood, rarely asked to take on extra responsibilities to help family	Child well supported, engaged in childhood activities. Family able to get help from other adults as needed			
Are all your school-age children enrolled in school? Do they attend class 5 days a week and perform well or would you describe it differently?	One or more school-aged children are not enrolled in school.	All school-aged children are enrolled in school, but one or more are not attending or only occasionally attending classes OR have unmet educational needs.	School-aged children are enrolled in school, but one or more only attend classes most of the time OR are struggling in at least 3, but not all, of their classes.	All school-aged children are enrolled in school and attend classes on a regular basis, but one or more are struggling in 1–2 classes.	All school-aged children enrolled, attend classes on a regular basis, and are performing well in school.			