

Agency Name: _____ Staff Name: _____ Date: _____

Northwest MN COC Triage (Diversion) Questionnaire

“To help direct you to the most appropriate services, I will ask you a few basic questions about your situation. I may ask you to repeat your information or slow down so I do not miss any information AND so I can direct you to the best solution for your situation. I can not guarantee that we will be able to provide you with services today, but I will do my best to offer you what services are available and that you are eligible for. I will be entering your information into our data system, but will ask your consent prior to sharing or referring you to another agency. OK, let’s begin.”

FIRST NAME	MI	LAST	Date of Birth	SEX
HH:				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
2 nd Adult:				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Do you have children under age 18 in your household? No Yes, what are their ages? _____
Is anyone in your household pregnant? No Yes, due date? _____

CONTACT INFORMATION:

Phone #:	Message #:	County:
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Have you ever applied for assistance through *program name* in the past? Yes No

DIVERSION ELIGIBILITY: Use to divert to mainstream or prevention services vs. entry into homeless system.

- 1. What is the crisis you are coming in for today?**
- 2. Do you have your own home or housing here or somewhere else in the US?**
 No (*continue to next question*)
 Yes: a. Where? _____ b. Are you needing to leave housing due to violence or abuse?
 Yes (*refer to DV services*) No (*ask why they are needing to leave*)
- 3. Where did you sleep last night? (location/address, if known) (if outside, vehicle or place not meant for human habitation refer to emergency shelter or motel vouchers)**
- 4. How long can you sleep there?** 0 nights (*skip to #6*) 1-3 nights 4-7 nights week+ unknown
- 5. If outside of region ONLY: Do you have ties to the regions (family, job, services, support system, etc.)**
 Yes No **What is your reason for coming to the region?**
- 6. What is preventing you from remaining in your current housing situation (where stayed last night) longer?**
 Eviction Loss of utilities Owe back rent Notice to vacate
 Relationship issues (disagreements with landlord or other tenants) Other: _____
- 7. Do you have a regular income source?** No Yes, how much and sources? _____
- 8. Would it be possible to stay in your current housing situation if you had the necessary resources to do that?** No, go on to the next question Yes, list the necessary resources to stay
- 9. What other housing options do you have for the next few days/weeks (someone else to stay with)?**
- 10. Are you able to get help financially from any friends, family or another agency or do you have money you can use?** Yes (*consider referral to mainstream services*) No (*candidate for prevention screen*)
- 11. Can you tell me what you will do if **our agency** is not able to help you with this?**

12. Will you become homeless (MN) without assistance? Yes No

13. Are you willing to sign a Release of Information so I can refer you to services you may be eligible for?

Yes No

Outcome:

Referred to Emergency Shelter/DV/Motel Voucher (please list service & name) _____

Referred to Prevention Services _____

Referred to Mainstream Services/other _____