

Client Name:

**HOME SAFE PRE-SCREENING**



Client ID #:

**AND REFERRAL FORM**

Client Zip Code:

Client has an APS case and there are concerns related to housing insecurity or homelessness.

It is believed that with a housing navigator (an expert at stabilizing housing) and financial support the client could be stable in some type of housing (current or new) within 3 or so months.

**Check this box only** if client agrees to a Home Safe referral (required) and Client agreeable to working with agency contractor delivering services to develop a plan. **If this box is not checked**, it will indicate client does NOT agree to the referral and terms.

**Check this box if** client is currently receiving services from other case management programs (e.g. Anchor Team, SDRC, Mental Health, etc.). If box checked, client may NOT be appropriate for Home Safe .

**I. Please identify the areas of housing insecurity or homelessness** that you as the APS worker have identified. Client is agreeable to Home Safe Program and will be prioritized based on the areas of housing insecurity and risk. At least one area must be checked below for referral to be reviewed for acceptance.

- Rent/mortgage is unpaid for a month or more
- Utilities have been unpaid for a month or more
- Client has an eviction notice
- Client believes they will be receiving an eviction notice
- Client does not have stable housing (staying with friends/couch surfing/hotels)
- Client is currently homeless
- Client will be unable to meet rent or utilities in the near future.
- Client is in a hoarding situation and housing is in jeopardy as a result
- A financial crisis is putting client's current housing at jeopardy
- Client has had a change in family situation that is putting housing at risk
- Client is living in an RV, car, shed or other non-housing situation
- Current housing is being converted or changed and client will not be allowed to remain and/or will be unable to afford the change (for example as apartment converted to condos or being remodeled for a costlier rent)
- Client is in an ILF but requires a higher level of care. Client may be forced to leave situation.
- The abuse situation (including self-neglect) has put client's housing in jeopardy (mental health issues, substance or hoarding issues by the client or suspected abuser or related person)
- Client needs licensed care and cannot remain in current housing due to that need

**II. Identify the following factors that make client's housing situation particularly vulnerable.** At least one area must be checked for referral to be reviewed for acceptance:

- Client is low income
- Client has no or little social support
- Client is unable to advocate for self in this situation  
Client unable to do steps necessary to improve housing situation (e.g. following up on referrals, physically going to locations, moving own stuff, etc.)
- Current income or savings were lost, stolen or not available
- Spouse or other client relied on is now deceased or no longer available for support

**OFFICE USE ONLY (ONLY HOME SAFE LIAISON COMPLETES):**

HSL Initials:

Date HSL Screened:

Initial SF Score:

Client Name:

Client ID#

**III. What services do you identify client needing (one or more service must be checked for referral to be reviewed:**

- Housing navigator/case manager
- Advocacy with landlord or other regarding maintaining current situation
- Linkage to appropriate housing
- Locating rental options
- Physical assistance with moving and settling into new location
- Locating and placement into a licensed facility
- Payment of past rent/mortgage
- Payment of past utilities
- Payment of current and future identified months of rent (could include deposit), licensed facility monthly payment or mortgage payment
- Payment of current or future utilities
- Referrals or linkage to services that may help maintain housing for the longer term
- Other needs (that deals with housing insecurity): \_\_\_\_\_

Justification (Please provide a short narrative justifying the short term need for this client and how you see the housing insecurity being stabilized with the Home Safe Program?)

**Review Home Safe referral with APS Supervisor/Sr. APSS if: the client agrees, and one or more areas in needs, vulnerability and services has been checked. If APS Supervisor/Sr. APSS approves, then submit referral to APS Home Safe Liaison and Contractor via secured email or fax.**

**Client meets criteria and recommend (Choose #1 or #2):**

- 1) Submit this Home Safe Screening and Referral form to Home Safe Liaison along with General Demographic Form , OR**
- 2) Will utilize other resources regarding client's insecurity and not submit to Home Safe. Other resources that may be utilized are \_\_\_\_\_ . Submit this form to APS Admin.**
- Client does NOT meet criteria for Home Safe. Submit this form to APS Admin.**

***\*Clients eligible for Home Safe may also be eligible for CS if there case management/support needs beyond the housing insecurity. Please refer to CS if your client falls in this category.***

APS Worker Name/phone:

Date screening completed:

APS Supervisor:

**If accepted to Home Safe, who will do the joint visit with Home Safe Contractor?**

Home Visit to be coordinated with:

Phone:

**Incident Report Date (Date Report Made to APS):**

**Incident Location (City only):**