1. Access Point:
2. Caller Consent: Yes/No
3. Date:
4. Name:
5. Date of Birth/(request Age if client refuses):
6. Gender: \_\_\_Male \_\_\_Female \_\_\_ Transgender Male to Female \_\_\_ Transgender Female to Male \_\_\_ Does not identify
7. Primary Language Spoken:
8. Have you or any member of your household served in the military? Y/N

## Contact Information

1. Phone 1:
2. Phone 2:
3. Phone 3:
4. Email:

Between the Hours of 9 am – 5 pm Monday through Friday, when is the best time for the agency to contact you?

1. Best Time to Contact:

If the agency is unable to reach you, is this a safe phone number to leave a voicemail or message with someone?

1. Yes/No, if No, explain:

## Current Situation

1. What City are you located in now?
   * Addison
   * Aurora
   * Bartlett
   * Bensenville
   * Bloomingdale
   * Bolingbrook
   * Burr Ridge
   * Carol Stream
   * Clarendon Hills
   * Darien
   * Downers Grove
   * Elmhurst
   * Glendale Heights
   * Glen Ellyn
   * Hanover Park
   * Hinsdale
   * Itasca
   * Keeneyville
   * Lemont (unincorporated)
   * Lisle
   * Lombard
   * Medinah
   * Naperville
   * Oak Brook
   * Oak Brook Terrace
   * Ontarioville
   * Roselle
   * Villa Park
   * Warrenville
   * Wayne
   * West Chicago
   * Westmont
   * Wheaton
   * Willowbrook
   * Winfield
   * Wood Dale
   * Woodridge
   * Other
2. How many people are living in the household, or will be living with you?
   1. # of adults in household (18 & over):
   2. # of children in household (under 18):
3. What is the household’s total monthly gross income? $\_\_\_\_\_\_\_\_\_
4. Have you located housing that you are seeking assistance with or are currently in housing that you are seeking assistance with?

* Yes , City Home Is located in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

1. Where did you sleep last night?
   * Homeless: Place not meant for human habitation

* Homeless: Emergency Shelter (includes hotel/motel paid for with agency voucher)
* Institutional: Foster care home or foster care group home
* Institutional: Hospital or other residential non-psychiatric medical facility
* Institutional: Jail, prison, or juvenile detention facility
* Institutional: Long term care facility or nursing home
* Institutional: Psychiatric Hospital or Facility
* Institutional: Substance Abuse Treatment Facility or detox center
* Transitional/Permanent Housing: Hotel or motel paid for without emergency shelter voucher
* Transitional/Permanent Housing: Owned by client, NO ongoing housing subsidy
* Transitional/Permanent Housing: Owned by client, with ongoing housing subsidy
* Transitional/Permanent Housing: Permanent Housing for formerly homeless persons
* Transitional/Permanent Housing: Rental by client, NO ongoing housing subsidy
* Transitional/Permanent Housing: Rental by client, with ongoing housing subsidy
* Transitional/Permanent Housing: Residential Project/halfway house with NO homeless criteria
* Transitional/Permanent Housing: Staying or living with a family member
* Transitional/Permanent Housing: Staying or living with a friend
* Transitional/Permanent Housing: Transitional Housing for homeless persons (including homeless youth)

1. Do you have a place to sleep tonight?
   * No (Continue to Rapid Re-Housing/Diversion questions)
   * Yes (Continue to Homeless Prevention questions)

## Rapid Re-Housing/Diversion

If client reports to not have a place to sleep tonight (Rapid Re-Housing/Diversion), explore alternative options with the client before referring to an emergency shelter.

1. Is there anywhere else you think of before we explore emergency shelter options?
   * Yes (continue to homeless prevention questions)
   * No, provide emergency shelter referrals

Advise the client that the shelters will be able to assess for additional resources including coordinated access to housing programs. If client refuses to use a shelter, advise the client of our Street Outreach program and that you can request for them to come out to meet with the client. Verify the client’s most frequent location and contact information. (ensure phone and email address is obtained)

## Homeless Prevention

1. How long can you stay in this location?
2. Is your name on a lease/mortgage?
   * Yes
   * No
3. Have you received an eviction notice or court order to vacate?

* Yes
* No

1. Describe what brought on your housing crisis?

* Loss of income/job
* Natural Disaster/Fire
* Car Repair
* Funeral Expenses
* Medical Expenses
* Displacement by Gov.
* Condemnation
* Foreclosure
* Release from institution
* Homeless

Other, Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When did the above circumstance take place (past 90 days)?

1. Amount of Assistance Requested
   * Rent Amt $
     1. Monthly Rent Amount $
     2. Number of Bedrooms
   * Deposit Amt $
   * Mortgage Amt $
2. Have you received assistance from any agency within the last 12-24 months?

* Yes (Which Agency)
* No

Refer to an agency as designated in the geographical break-out, unless:

* If they are a female 18-21 or a male 18-24 refer to 360 Youth Services
* IF there is a Veteran member, refer to VAC