



Diversion Screening Form

Date:	Time:	Intake by:
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Eligibility

Fleeing domestic violence: Yes No	Active warrants: Yes No	Child under 18: Yes No
Contact number (in case disconnected):		

Introduce self, describe the Diversion and Shelter programs depending on current availability, then strive to obtain the following information through open-ended conversational questions. Reminder: Diversion services include mediation, advocacy (e.g., with landlords), and potential financial assistance.

Head of Household

Name:	DOB:
Email:	

Current Housing Situation – *Must have temporary place to stay to be eligible for diversion*

Where did you stay last night?
Address?
Do you have a lease in your name? Yes No If so, pending eviction? Yes No
Can you stay where you are? If not, why not?
Do you have any housing leads? If so, what?

Income and Public Assistance

Job/Wages:	Describe:	
SSI/SSDI:	For whom?	
Child support:	Frequency/reliability?	
Current savings:	Expected income (e.g., tax refund)?	
Medicaid/care:	SNAP/WIC:	CCDF:
TANF:	Unemployment:	Other:

Decision?

Status: Accepted Denied	Appointment (leave blank if immediate by phone):
Transportation needed: (if own car, describe)	



Diversion Intake Form

Checklist:

- Request copies of birth certificates, social security cards, state identification to prove identity and custody. If not in possession, action should be taken to order them within 72 hours.
- Enter clients into HMIS, Family Promise National Tracking, and Program Spreadsheet within 48 hours.
- Obtain proof of income and signed program forms (Participation, Criminal/Credit, Releases, Drug Test).

Family Composition *(gray boxes are optional and must be self-identified by client)*

First Name <i>List oldest to youngest</i>	Last Name	DOB	Sex	Race*	Latinx?	SSN
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anyone currently pregnant?		Due date:		Hospital:		

**Please Indicate: White/Caucasian, Black/African-American (AA), Asian-Pacific Islander, Native American, Multi-Racial - list all primary races*

Contact Info for Other Adults

Name	Email	Phone

Schools/Daycares

Name	Address	Phone	Child(ren) attending
How kids get to school/daycare:			
Any uniform or supply needs:			



Employment

Employer	Address	Phone	Schedule	Wage/ Pay frequency
Notes:				

Criminal History

Request written permission to run a criminal background check to prepare for what a landlord or employer would see when screening job application or tenant application.

Notes on disclosed past convictions:

Housing History

Request written permission to run a tenant screening (including credit report) to prepare for what a landlord would see when screening tenant application.

Notes on disclosed past evictions and debts:

Health

Insurance Information:
Immunizations up to date:
Shot records in possession:
Medical conditions/concerns (specifically ask about previous substance abuse and mental health):
Treatment plans in place/Current physician (include medications):
Other agencies currently working with client:



Legal

Probation? Yes No Describe (include contact info for officer):
Active DCS case? Yes No Describe (include contact info for agent):
Other:

Transportation

Vehicle (year/make/model):	
Payments owed/frequency:	
Car insurance: Yes No	Registration current: Yes No
Other:	

Barriers – The following questions are for statistical purposes (HMIS)

	Present?	Chronic?	Describe (if applicable)
Alcohol Abuse			
Chronic Health Condition			
Developmental Disability			
Drug Abuse			
HIV/AIDS			
Mental Health			
Physical Disability			
Felony Conviction			
History of Foster Care			

Wraparound Service Referrals Needed – Check and give all those that apply, noting any specifics

Homeless Initiative Program (Health)	
Adult & Child (Mental Health)	
Dress for Success (Employment Readiness)	
Indiana Legal Services (Expungement, Garnishment, Eviction)	
Edna Martin Community Center (Credit Repair)	
Crooked Creek Food Pantry (Food)	
Day Center (Underwear, Socks, Diapers, or other supplies)	
Mustard Seed (typically at program exit)	
School on Wheels	
Bureau of Developmental Disability Services	
Other – Describe	