



Instructions: Homeless Prevention (HP) staff should complete this assessment tool. The prospective participant **should NOT** complete this assessment tool.

Background Information

The Homelessness Prevention Assessment Tool is designed to assist HP program staff with two functions:

1. To verify eligibility for homelessness prevention (HP) assistance, and
2. To identify the most vulnerable households most likely to experience homelessness if they do not receive assistance

In assisting with these two functions, the tool will support Mississippi's goal in its attempt to prevent new cases of homelessness.

To administer the assessment tool, HP staff should check each box for which the condition or attribute is present in the household. Each checked box has a point value associated with it. After completing all questions, staff will add up the value of all checked boxes and assign a total score to the presenting household.

As a screening tool, the questions are designed to identify households that are most likely to experience homelessness within the next month and for whom the experience of homelessness will pose the greatest risk for increased trauma, severe health consequences, and/or greatest degree of family instability.

While no assessment tool can precisely predict the future, this tool is based upon research and program evaluation data that identifies conditions, characteristics, and attributes most closely associated with a future incidence(s) of homelessness.



Homeless Prevention Program Interventions (four options)

Rapid Resolution/Diversion: Services provided to eligible households under the “Rapid Resolution/Diversion” category include:

- Limited case management
- Relationship counseling
- Assistance with housing referrals
- Landlord interventions
- Referrals for public or community benefits and resources
- Legal assistance

NOTE: Provision of **financial assistance is not expected**, although minimal financial assistance may be provided in the form of bus passes, material assistance, or moving assistance.

One-time Assistance: Services provided to eligible households under the “one-time assistance” category include all those described under the **Rapid Resolution/Diversion** category, with the addition of:

- One-time funding specifically targeting housing related costs

NOTE: Eligible one-time assistance funding includes one month of rent payment, rental deposit, utility payment, or utility deposit.

Short-term Assistance: Services include those identified in the **Rapid Resolution/Diversion** and **One-time Assistance** categories described above, but also include:

- Time-limited rental assistance that helps a household pay for all or a portion of housing costs up to, but not to exceed, the equivalent of **three months of rental assistance**

Medium-term Assistance: Services are the same as **Short-term Assistance**, but households are eligible for up to **six months of rental assistance**.



Homeless Prevention (HP) Staff: Complete the following three steps:

Step 1: Determine Eligibility and Priority for Homelessness Prevention (HP) Assistance

NOTE: HP program staff: The following questions will help determine if the household is at imminent risk of homelessness and whether, without prevention assistance, the household will experience homelessness within the immediate upcoming month (e.g., either living in a place not meant for human habitation or residing in an emergency shelter or transitional facility intended for persons and households who are homeless).

In order to be eligible for HP assistance, the prospective applicant must provide evidence of a notice to vacate their current housing.

HP staff should document eligibility evidence by securing a copy of the eviction notice, “pay or vacate” notice, or through written communication with a friend/family member or the leaseholder/property owner/manager (whichever is applicable) with whom the prospective HP participant is currently living or from whom the prospective HP participant is renting.

For a “doubled-up” situation, the evidence can be an eviction notice or written or oral verification from a friend or family member with whom the prospective applicant is living.



Head of Household Name:

Date of Assessment:

Check each applicable condition that is true for the prospective HP participant (head of household).	Check if Applicable	Point Value
<p>Step 1: Determine eligibility and priority for the homelessness prevention assistance household and whether the household is at imminent risk of literal homelessness. Without prevention assistance the household will experience literal homelessness within the next month (i.e., either living in a place not meant for human habitation or residing in an emergency shelter or transitional housing facility intended for persons and households who are homeless).</p>		
<p>Housing Status (select only one)</p>		
<p>If DOUBLED UP, the household has been told by the lease holder to vacate the unit. HP program staff has verified with the lease holder that the prospective HP participant is no longer welcome and must vacate. Prospective HP participant lacks the resources to secure alternative housing arrangements.</p>	<input type="checkbox"/>	5
<p>If LEASE HOLDER, the household has received a notice to vacate by the property owner or manager <i>or</i> has received notice from the local building authority that the residence in which they reside is being condemned. HP program staff has verified with the property owner/manager/local building authority that the prospective HP participant has received notice to vacate. The prospective HP participant lacks the resources to secure alternative housing arrangements. <u>Lease holder has previously experienced literal homelessness in the past two (2) years.</u></p>	<input type="checkbox"/>	3
<p>If LEASE HOLDER, the household has received a notice to vacate by the property owner or manager <i>or</i> has received notice from the local building authority that the residence in which they reside is being condemned. HP program staff has verified with the property owner/manager/local building authority that the prospective HP participant has received notice to vacate. The prospective HP participant lacks the resources to secure alternative housing arrangements. <u>Lease holder has NO previous experience of literal homelessness within the past two (2) years.</u></p>	<input type="checkbox"/>	1



Expected Date of Homelessness		
Imminent loss of current housing. Loss of housing means the prospective household will experience literal homelessness – either on the streets or staying in an emergency shelter – within the specified period of time. Imminent loss of current housing must be verified with a ‘pay or vacate’ notice, ledger record of past due rent, or verification (written confirmation is sufficient) from the lease holder who is instructing the prospective HP participant to leave the housing. (select only one)		
Actual housing loss expected within 7 days (1 week)	<input type="checkbox"/>	5
Actual housing loss expected within 14 days (2 weeks)	<input type="checkbox"/>	4
Actual housing loss expected within 1 month	<input type="checkbox"/>	3
Notice to vacate from the property manager/lease holder with expected loss of housing within 45 days	<input type="checkbox"/>	2
TOTAL POINTS FROM STEP 1 (the above section)		<input style="width: 40px; height: 20px;" type="text"/>

STEP 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers

NOTE: HP program staff: The following questions will help identify the barriers affecting the household’s ability to resolve housing and prevent homelessness from occurring in the imminent future independently and quickly. You will ask a series of questions of the prospective HP participant to determine the presence of current or past conditions that are most closely correlated with the incidence of homelessness.

HP PROGRAM STAFF: Prior to asking the following questions, remind the prospective HP participant that some of the questions in this section ask about recent or past trauma. Reassure the prospective HP participant that before asking those questions, you will ask them if it is okay to proceed. **(If the participant does not want to be asked, omit those questions, and do not score them.)**

Answer Y/N or check the box if applicable to the prospective HP applicant (head of household).	Check if Applicable	Point Value
1. Are you or is any member of your household a registered sex offender?	<input type="checkbox"/>	5
2. Do you or does any member of your household have a criminal record or are you or is any member of your household involved in any legal proceeding in process for arson, drug dealing, manufacture of illegal drugs/illegal substances, possession and/or use of drugs/illegal substances, or any felony offense against persons or property?	<input type="checkbox"/>	4
3. Are you a single parent who currently has shared or sole custody of your children?	<input type="checkbox"/>	3
4. Do you have at least one dependent child under the age of six?	<input type="checkbox"/>	3
5. Are you under the age of 25?	<input type="checkbox"/>	3
6. Does your household have five people or more that cannot be housed in fewer than three bedrooms?	<input type="checkbox"/>	1
7. Have you or another household member, been recently discharged (within the last six months) from an institution (such as a hospital, jail, etc.) after a stay over the length of 90 days or more ?	<input type="checkbox"/>	3
8. Are you or a member of your household currently involved in adult or child protective services ?	<input type="checkbox"/>	2



13. Has there been a sudden and/or significant loss of income, including loss of employment and/or cash benefits within the last 60 days, OR an uncontrollable and significant increase in non-discretionary expenses within the last 60 days?	<input type="checkbox"/>	3
--	--------------------------	---

Prior Rental Evictions for The Head of Household At Any Time in The Past		
14. Have you had any prior rental evictions?	<input type="checkbox"/>	
15. If yes to #14, how many prior rental evictions have you had? (select only one)		
a. One prior rental eviction	<input type="checkbox"/>	3
b. Two to three prior rental evictions	<input type="checkbox"/>	4
c. Four or more prior rental evictions	<input type="checkbox"/>	5



History Of Homelessness for Head of Household (Street/Shelter/Transitional Housing)		
16. Have you ever been homeless?	<input type="checkbox"/>	
17. If yes to #16, how many episodes of homelessness have you experienced (choose the best applicable answer:		
a. One prior episode of homelessness in the past three years	<input type="checkbox"/>	3
b. Two to three episodes of homelessness in the past three years	<input type="checkbox"/>	4
b. Four or more episodes of homelessness OR a total of at least 12 months within the past three years	<input type="checkbox"/>	5

Local Policy Priorities		
<p>The local priorities below are recognized by the CoC; however, priorities may vary by region. Using local data, the CoC grantees can consult with Coordinated Entry Committee and modify the questions below, as needed, to align with their local priorities. In addition, the MS Balance of State may define other housing barriers or attributes most likely to impact a household's ability to quickly secure housing and resolve homelessness independently. If included, these other scored attributes will align with local policy priorities.</p>		
Does any household member have a disability that substantially impedes the ability to maintain housing independently?	<input type="checkbox"/>	1
Does any household member identify as an ethnic, cultural, or racial minority group that has historically experienced unfair treatment in the provision or administration of public benefits or services?	<input type="checkbox"/>	1
Is any household member a senior adult (aged 55 or older)?	<input type="checkbox"/>	1
TOTAL POINTS FROM STEP 2 (the above section)		

TOTAL POINTS FROM STEP 1 AND STEP 2	
--	--



Score Ranges and Recommended Interventions

Once the total points from Steps 1 and 2 have been added, use the following chart to determine the prospective HP participant's recommended interventions (**based on scoring the prospective participant's responses**):

HP Target Score Range	Recommended Interventions	Prospective HP Participant's Score (Total from Steps 1 and 2)
0 – 10	Rapid Resolution/Diversion	
11 – 13	One-time Assistance	
14 – 17	Short-term Assistance	
18 +	Medium-term Assistance	

